



Asthma Australia Submission to the Australian Government Department of Health

Consultation Paper: Development of the National Preventive Health Strategy

September 2020

ABOUT ASTHMA AUSTRALIA

Asthma Australia is a for-purpose, consumer organisation which has been improving the lives of people with asthma since 1962. Asthma affects one in nine Australians or 2.7 million people. Asthma is an inflammatory condition of the airways, restricting airflow and can be fatal. There is no cure, but most people with asthma can experience good control.

Our purpose is to help people breathe better so they can live freely.

We operate across New South Wales, Victoria, Queensland, Tasmania, South Australia, and the Australian Capital Territory to deliver evidence-based prevention and health strategies to more than half a million people each year. Asthma Australia works in partnership with the Asthma Foundations of Western Australia and the Northern Territory to deliver consistent services across the nation.

Asthma has various degrees of severity (mild to severe) and affects people of all ages, from childhood to adulthood, and it can appear at all ages and stages of life. 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, access to high-quality information and care where they live, work and play in all stages of life.



4. Are the visions and aims appropriate for the next 10 years? Why or why not?

The vision

Asthma Australia broadly supports the vision outlined in the National Preventive Health Strategy (NPHS) Consultation Paper of improving the health of all Australians at all stages. Early intervention is a critical element of preventive health and deserves to be recognised in the NPHS vision, as does the need for better information.

However, while risk factors are recognised in the vision, Asthma Australia notes the risk factors identified as focus areas in the Consultation Paper do not include air quality or mental health. Further, while the vision recognises the need to address the 'broader causes of health and wellbeing', the Consultation Paper does not recognise the impact of social determinants of health.

Poor air quality is a major risk factor for many chronic diseases, including asthma. Unhealthy air can trigger onset of disease and be a trigger for symptoms. The United Nations recognises air pollution as one of the 5 risk factors for non-communicable diseases, along with unhealthy diet, tobacco use, harmful use of alcohol and physical inactivity. It is essential to include air quality as a risk factor in the National Preventive Health Strategy in order to achieve its vision of improving the health of all Australians at all stages.

Australians are likely to experience more frequent and more severe episodes of poor air quality as a result of climate change-driven events such as bushfires, dust storms and thunderstorms which trigger asthma. At the same time, many Australians are exposed to air pollution where they live or work due to sources such as vehicle or coal fired power station emissions. We know that people with lower socio-economic status are more likely to experience poor air quality, meaning poor air quality compounds the social determinants of health.

In addition to air quality, Asthma Australia recommends adding a focus area for mental health to prioritise interventions aimed at preventing mental health conditions.

We also suggest the NPHS focus on addressing the social determinants of health to generate further improvements to the risk factors proposed in the Consultation Paper.

Asthma Australia discusses these areas in more detail in response to Question 7 (focus areas).

RECOMMENDATION: Asthma Australia recommends the National Preventive Health Strategy include air quality as a focus area.

RECOMMENDATION: Asthma Australia recommends the National Preventive Health Strategy include mental health as focus area.

RECOMMENDATION: Asthma Australia recommends the National Preventive Health Strategy focus on addressing the social determinants of health, including housing, employment and education.



The aims

INCREASED INVESTMENT IN PREVENTIVE HEALTH

Asthma Australia strongly supports the aim of increased investment in prevention and we welcome the Consultation Paper's commitment that targets will be set for each aim. Targets must be set for investment in prevention if the NPHS is to achieve its vision of improving the health of all Australians at all stages of life. Asthma Australia supports calls by public health and consumer stakeholders for a target of 5% of health expenditure for prevention and public health measures. Health economists have suggested that from a cost-effectiveness perspective alone, Australia could and probably should spend more on preventive health.

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. Resourcing must be targeted to those groups and areas with the greatest need in order to achieve the aims of creating greater gain for Australians with more needs. This is especially important given resources are limited.

Further, short-term project grants dominate funding models in Australia currently, rather than investment into longer-term structural reforms. Sustained investment in preventive health is required in order to realise significant gains.

Asthma Australia calls for targeted investments in evidence-based preventive health interventions, including measures to increase diffusion of best practice and bridge the gap between research-based knowledge and practice, as well as addressing upstream factors to create environments for sustainable change into the future.

Effective implementation of evidence-based preventive health action and monitoring of outcomes will require investment. We need a comprehensive long-term strategy to evaluate and monitor successful interventions and cost-effectiveness data, as well as a national set of indicators to track the impact of preventive health measures.

RECOMMENDATION: Asthma Australia recommends the National Preventive Health Strategy is appropriately and adequately resourced to enable effective implementation, including monitoring and reporting outcomes against baseline measures.

RECOMMENDATION: Asthma Australia recommends increased expenditure on preventive health in Australia, sustained investment to realise gains and a rebalancing of health expenditure from treatment to prevention with a target of 5% of health expenditure for prevention and public health measures.

RECOMMENDATION: Asthma Australia recommends that resources are allocated in ways that promote equity including distribution of resources to groups and areas with greater needs.

RECOMMENDATION: Asthma Australia recommends targeted investments in evidence-based preventive health interventions across the continuum of direct to individuals and upstream strategies.

RECOMMENDATION: Asthma Australia recommends monitoring outcomes of spending on prevention.



AUSTRALIANS HAVE THE BEST START IN LIFE

Asthma Australia strongly supports the aim of Australians having the best start in life. The foundations of adult health are laid in early childhood and before birth. We recommend increased investment in maternal, family and child health to enhance early life and growth patterns and ensure healthy behaviours start early. Early child development is a social determinant of health. Good maternal health and breastfeeding (perinatal) are protective factors against asthma, meaning preventive health in the asthma context includes safety for mothers, access to antenatal care and reducing exposures in pregnancy.

Asthma is a chronic condition that disproportionately affects children and has a substantial impact on a child's overall quality of life. According to Australian Institute of Health and Welfare (AIHW) data, asthma was the leading cause of disease burden among children aged 5-14 in 2017-18. Asthma can require considerable medical attention as well as trial and error due to the difficulty of definitive diagnosis. It can affect physical, social and emotional development, schooling attendance and education outcomes. There may also be an impact on family life, parental health and employment if time off work is needed for caring responsibilities, with a potential flow on effect for household finance, illustrating the inter-relationship of health with other domains of wellbeing.

RECOMMENDATION: Asthma Australia recommends increased investment in maternal, family and child health to enhance early life and growth patterns and ensure healthy behaviours start early.

AUSTRALIANS WITH MORE NEEDS HAVE GREATER GAINS

Asthma Australia strongly supports the recognition of health equity in this aim. The AIHW estimated that closing the health gap between the most and least advantaged Australians would spare around half a million people from chronic illness. The NPHS should focus on preventive health action to address inequitable differences in health outcomes, including targeted measures to reduce inequities in outcomes for priority population groups, including those disproportionately affected by asthma (who are often at higher risk for other chronic diseases) such as:

- Aboriginal and Torres Strait Islander people
- People living in areas of lower socioeconomic status
- People living in rural and remote areas
- People with a disability

Mobilising and allocating resources in ways that promote equity is critical to ensure Australians with more needs have greater gains. Distributing resources to areas of need includes resources for preventive health programs as well as investment in addressing the social determinants of health, specifically improving air quality and providing infrastructure such as quality affordable housing.

RECOMMENDATION: Asthma Australia recommends the National Preventive Health Strategy focus on populations that are disproportionately affected by chronic conditions such as asthma.



Social determinants of health

Addressing the social determinants of health is critical to achieving the aim of the greatest gains for Australians with more needs. Preventive health action requires cross-government and multi-sector partnerships as well as action that extends beyond the health sector into sectors that influence health and wellbeing such as housing, education, employment and air quality. A focus on the social determinants of health moves away from focusing on personal responsibility which has tended to treat health as an outcome of individual choices and behaviours. Asthma Australia calls for the National Preventive Health Strategy to focus on the social determinants of health for asthma – and other chronic conditions - including housing, air quality, education and employment. Asthma Australia has addressed the social determinants of health and air quality in more detail in response to Question 7 (focus areas).

RECOMMENDATION: Asthma Australia recommends the National Preventive Health Strategy recognises the need for a holistic preventive health approach that includes addressing the social determinants of health.

Comorbidity

Asthma Australia also recommends focusing on achieving gains for Australians with multiple chronic conditions. Australians diagnosed with one or more chronic conditions often have complex health needs, die prematurely and have poorer overall quality of life, according to the AIHW.

Comorbidity is a particular concern for people with asthma. The chance of developing chronic conditions increases with age, and since asthma often starts early in life, people with asthma are likely to develop another chronic condition during their lifespan. Four out of five Australians aged 45 and over with asthma had at least one other chronic condition in 2017–18, according to AIHW data. Asthma in adults is associated with obesity, mental disorders, arthritis and cardiovascular disease. Other chronic conditions that are commonly found in people with asthma, and that can impact on asthma, include chronic obstructive pulmonary disease (COPD), allergic rhinitis, obstructive sleep apnoea, nasal polyps and gastro-oesophageal reflux disease.

A recent Asthma Australia project in South Australia aimed to understand problems experienced by people with co-morbidities and co-design interventions with the potential to shift structural, relational and cultural norms that maintain those problems. We found that asthma becomes invisible when a person has multiple chronic conditions. Further, despite interrelations between conditions, patients said health care providers treated the specific disease and didn't take a holistic approach. As a result, they found the health system traumatising. Asthma Australia recommends a person-centred holistic approach to people with multiple comorbidities. The project also highlighted the need to address systems change and work in deep collaboration or partnership.

Asthma Australia discusses person-centred care in more detail in response to Question 6 (actions).

RECOMMENDATION: Asthma Australia recommends the National Preventive Health Strategy focus on improving outcomes for people with multiple chronic conditions, including asthma, and take a person-centred, holistic approach.



AUSTRALIANS LIVE AS LONG AS POSSIBLE IN GOOD HEALTH

Asthma Australia supports the aim of Australians living in good health for as long as possible. While advances in medical care have seen life expectancy extend, it is as important to focus on maintaining wellbeing during those years so that Australians can continue to participate in our communities in later life. In the asthma context, early intervention can avoid poor health in later life, as poorly controlled asthma can lead to airway remodelling and chronic obstructive pulmonary disease (COPD). If asthma is well managed, subsequent additional chronic diseases can be prevented.



5. Are these the right goals to achieve the vision and aims of the Strategy? Why or why not? Is anything missing?

Asthma Australia broadly supports the six goals set out in the National Preventive Health Strategy (NPHS) Consultation Paper. We note that the fourth aim of the NPHS, increasing investment in prevention, is needed to achieve the six goals. However, increasing funding alone is not enough. As stated in our response to Question 4 (vision and aims), funding must be sustained, targeted, monitored and reported on in order to drive improvements in preventive health and the structural reforms needed to achieve these goals.

GOAL 1. Different sectors, including across governments at all levels, will work together to address complex prevention challenges. Action by different sectors will be coordinated and aligned, to support integrated solutions to complex prevention challenges.

A critical function of the NPHS will be guiding a coordinated national approach to preventive health. The NPHS should be developed collaboratively by all levels of Australian Governments and secure sustained, non-partisan political commitment and cooperation in order to provide certainty for longer-term planning.

In the asthma context, international and national experience shows a multi-sectoral approach is most effective at improving asthma care and patient outcomes. A cross-sector and partnerships approach will help to overcome the current siloed approach to prevention in Australia.

Beyond government, preventive health is everyone's business. It is undertaken by individuals, families, community organisations, employers, private health insurers, non-government organisations, industry and different sectors and levels of government. Whole of system (systemic) change and buy in is needed, with change occurring at different levels, including individual, family, organisation/workplace, community and societal.

A strategic and coordinated whole-of-government approach is needed to achieve the complex prevention challenge of health equity. Asthma Australia recommends a Health in All Policies (HiAP) approach, meaning a coordinated whole-of-government approach to drive multi-sectoral action. HiAP aims to ensure health and wellbeing are taken into consideration in the policies of other government sectors and the negative health impacts of non-health policies are avoided. It is being implemented in many places globally to progress the Sustainable Development Goals and locally in South Australia. Whole-of-government approaches to achieving greater equity in health may include systemic approaches and targeted place-based approaches.

RECOMMENDATION: Asthma Australia recommends the National Preventive Health Strategy is developed collaboratively by all levels of Australian Governments and secures non-partisan political commitment and cooperation.

RECOMMENDATION: Asthma Australia recommends the introduction of strategic and coordinated whole-of-government approaches to achieving greater equity in health, including Health in All Policies approaches.



GOAL 2. Prevention will be embedded in the health system. Our health sector will lead by example and make the most of every opportunity to support prevention in our primary, community and acute care settings.

Asthma Australia supports the goal of embedding prevention in the health system. Currently, Australia has a fragmented health care system that is designed and funded to focus on the treatment of acute illness (episodic care) rather than disease prevention or health promotion (planned and systematic care). Asthma Australia recommends initiatives to refocus health care towards prevention, including systemic, structural changes and incentives.

RECOMMENDATION: Asthma Australia recommends refocusing primary health care towards prevention.

GOAL 3. Environments will support health and healthy living. The environments in which people live, work, learn and play will better enable individuals to be healthy and live productive and fulfilling lives for as long as possible.

Asthma Australia strongly supports the goal of creating environments that support health and healthy living. As mentioned in response to Question 4 (vision and aims), Asthma Australia calls for the National Preventive Health Strategy to focus on the social determinants of health, including housing, air quality, education and employment. Asthma Australia has addressed the social determinants of health in more detail in response to Question 7 (focus areas).

Addressing air quality is essential in creating environments that support health and healthy living. According to the Royal College of Physicians, poor air quality is linked to the social determinants of health as low socioeconomic areas often have higher levels of air pollution. Exposure to unhealthy air has a disproportionate impact on people who have respiratory conditions including asthma, pregnant women, infants and children, older people and people with cardiovascular disease and type 2 diabetes. Poor air quality impacts on a person's ability to maintain a healthy lifestyle, with people being advised to avoid physical activity and stay indoors as air quality deteriorates. Asthma Australia has addressed air quality in more detail in response to Question 7.

RECOMMENDATION: Asthma Australia recommends the National Preventive Health Strategy focus on addressing the social determinants of health, including housing, employment and education.

RECOMMENDATION: Asthma Australia recommends the National Preventive Health Strategy include air quality as a focus area.

GOAL 4. Communities across Australia will be engaged in prevention. Communities, including neighbourhoods, cultural and social groups, workplaces, schools and interest groups, along with non-government organisations will be engaged as partners to improve the health of Australians – this includes place-based approaches.



“Our approach should be developed with consumers and reflect the lived experience of living with asthma. It needs to do it in a meaningful way, not just ticking the box.”

Person with asthma

Place-based approaches

Place-based approaches offer an opportunity to engage communities as partners in improving preventive health measures with consistent evidence showing place has an important and independent effect on health. Many of the influences on health occur in the settings in which we live our day-to-day lives, such as our homes, schools, communities and workplaces. Place-based approaches use the setting of a local area in which to carry out preventive health interventions. Place-based approaches work as they take into account the factors which are holding the dominant system in place, reflecting the need to integrate systems into prevention activity and pursue multidimensional approaches. The NPHS should include progressive approaches to understanding causal relationships.

Asthma Australia recommends place-based approaches that address health inequities by developing local and culturally appropriate responses. Asthma Australia recently conducted a project in South Brisbane in areas that have concentrated pockets of people living on low incomes (areas of socio-economic disadvantage) and people from culturally and linguistically diverse communities. Early insights confirmed the power of this approach, showing that investing in understanding the specific context, experiences and determinants of health of a particular place reveals specific strategies to address them. We hope to prove this approach will be more effective for the particular audience than a population-based approach.

Another Asthma Australia project, Community Responses to Asthma in the Mid North, used peer researchers and co-design methodologies to develop concepts for a local, community-driven response to asthma. An integrated model of care was seen as an important response in this project as well as a Community Connector. This would be a new paid healthcare role for a person with lived experience of asthma, trained to facilitate greater access to asthma support, advocate for community needs and to facilitate the relationship between healthcare providers and community members. Funding discussions are occurring to prototype and trial this concept for implementation.

RECOMMENDATION: Asthma Australia recommends place-based approaches that address health inequities by developing local and culturally appropriate responses.

People-led approaches

Asthma Australia recognises the importance of engaging consumers in the design and delivery of preventive health interventions and services, particularly people that are disproportionately affected by asthma. This should include co-design, a methodology that brings together a team of people with lived experience and professionals with each bringing their own experience and expertise to the problem-solving activities. Co-design is a mindset that seeks to equalise power imbalances between professionals, systems stakeholders and people with lived experience. Asthma Australia refers to a project conducted in South Australia using co-design in response to Question 4 (vision and aims).

Where priority groups are already being serviced, for example by Aboriginal Community Controlled Health Organisations, the capabilities of those services should be enhanced rather than building new interventions. In the asthma context, the development and delivery of Aboriginal and Torres Strait



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Islander people-led approaches that are locally responsive and culturally appropriate can reduce the disparity in health outcomes due to asthma between Aboriginal and Torres Strait Islander people and non-Indigenous Australians.

Asthma Australia has taken a patient-driven approach in the Adelaide Integrated Respiratory Response (AIRR) project. This 3-year project funded by the Adelaide Primary Health Network aims to develop an integrated model of care for respiratory health and ensure the person with asthma or COPD becomes an equal partner in their care. The proposed model will be transferable to any chronic condition.

RECOMMENDATION: Asthma Australia recommends active consumer engagement in the development and design of health care systems and services.

RECOMMENDATION: Asthma Australia recommends engaging priority population groups that are disproportionately affected by asthma in the design and delivery of preventive health.

RECOMMENDATION: Asthma Australia recommends the development and delivery of Aboriginal and Torres Strait Islander people-led approaches that are locally responsive and culturally appropriate.

GOAL 5. Individuals will be enabled to make the best possible decisions about their health. Australians from all backgrounds will have the options, knowledge and skills to make the best decisions about their health and the health of their families.

Asthma Australia strongly supports the goal of enabling consumers to make the best decisions about their health. We recommend a greater focus on consumer action and empowerment, including enhancing health literacy and empowering consumers to self-manage their condition, and supporting consumers to play an active role in shaping health care systems and services. Consumer education is critical in enhancing the ability of individuals to make decisions about their health, including education around the impacts of air quality and how to respond, lifestyle and social determinants of health, and even the health system. Asthma Australia addresses health literacy in response to Question 6 (actions).

Self-management of chronic conditions is critical

In the secondary and tertiary prevention contexts, people with long-term conditions spend less than one per cent of their time allocated to care in contact with health professionals, meaning that up to ninety-nine per cent of their time spent on care is self-managed or managed with the support of a carer, according to Consumers Health Forum of Australia (CHF). Good health literacy and self-management is particularly important for asthma, a long-term chronic condition largely managed by medicines administered by the person with asthma in the context of their everyday life.

Asthma Australia delivers evidence-based preventive health strategies through our information provision, phone line and asthma referral and coaching services. The COACH Program® is a confidential free health coaching service for people with asthma that provides access to asthma education and information. Hospitals and emergency departments can refer people who have had



an asthma flare-up to The COACH Programme which helps them establish effective self-management practices to minimise the risk of re-presentation.

RECOMMENDATION: Asthma Australia calls for ongoing funding of Asthma Australia's programs and activities which deliver preventive health strategies and support self-management.

Consumer engagement in the design and delivery of health systems and services

There are increasing opportunities for consumer engagement in health system design and delivery, for example, as advocates and representatives across government committees, working parties and policy roundtables. However, they are often the only consumer representative among many clinicians and other industry members, which does not adequately reflect Australia's diverse population. Consumers have most impact when they are partners in designing, implementing and evaluating meaningful reforms, according to CHF.

In the asthma context, research has shown asthma self-management support models are framed by the clinical agenda: patients were considered 'empowered' when they improved their adherence to professional directions and medical management instructions, and the ultimate aim was lowering costs. Asthma practitioners and patients agree that asthma increasingly needs to be managed from the perspective of the patients' personal disease experience and their social and environmental context. This holistic, personalised approach is seen as a shortfall in current healthcare practice. Furthermore, evidence shows asthma patients and health professionals use different language to describe asthma and to judge the severity of the condition; terminology is confusing and often misunderstood.

Asthma Australia discusses people-led approaches in response to Goal 4.

GOAL 6. Prevention efforts will be adapted to emerging issues and new science. Emerging issues and new science will be reviewed continuously to ensure prevention efforts are focused on opportunities that achieve the greatest health gains.

Asthma Australia supports the goal of adapting prevention efforts to respond to emerging issues and new science. However, it is important to recognise the gap between research-based knowledge and practice. Using information effectively can increase diffusion of best practice and bridge the gap. This includes a focus on implementation science and health service research. Further, we note that education, training and support for consumers as well as workforce will be critical to ensuring prevention efforts reflect new science.

In the asthma context, there are a number of gaps between evidence and practice, including adherence to Australia's world-leading asthma guidelines, the level of asthma control experienced by people with asthma, and the uptake of asthma action plans for adults and children. Focusing on areas where significant gaps exist between evidence and practice will achieve the biggest gains in improving patient quality of life and reducing asthma morbidity and its associated costs.

Asthma Australia addresses the potential for technology to enhance the delivery of information and increase health literacy in response to Question 6 (actions).



RECOMMENDATION: Asthma Australia recommends that preventive health action focuses on addressing areas where a significant gap exists between evidence and practice and that digital technologies are used to identify and understand gaps.



Question 6. Are these the right actions to mobilise a prevention system?

The Consultation Paper describes a need for enablers that can be built on to mobilise existing prevention action. Asthma Australia supports the proposed actions and suggests the following further enablers:

- Clinical and quality registries
- Standards and meaningful guidelines
- Data management standards and conventions to facilitate tracking population health indicators through primary health data

While the Consultation Paper takes a high-level approach to actions, the National Preventive Health Strategy (NPHS) should delineate primary, secondary and tertiary prevention in setting out more specific actions.

1. INFORMATION AND LITERACY

“Information needs to be understood, accessed and used. We need to look at different ways of communicating – not always in words. One size doesn’t fit all.” Person with asthma

Health literacy is the ability of individuals to gain access to, understand and use information in ways which promote and maintain good health for themselves, their families and their communities. However, a lack of health literacy is a glaring gap in peoples’ capacities for exercising more control over their health. According to the Australia Bureau of Statistics (ABS), only about 40 per cent of adults have the level of individual health literacy needed to meet the complex demands of everyday life, such as understanding and following health advice and making good health care choices.

Asthma Australia calls for greater investment in consumer education, training and support to improve health literacy, health knowledge and self-management skills. This is necessary to achieve the goal of enabling consumers to make the best decisions about their health. In the asthma context, this means giving people the information, education, resources and tools they need to prevent, control and effectively manage asthma.

It is critical that consumer information is provided in language that is accessible and inclusive, using Plain English. Consumer information must speak to the person, not their difference (person-first language). Asthma Australia recommends consumer education, training and support reflects the World Health Organization’s six principles for effective communication:

- Accessible
- Actionable
- Credible and trusted
- Relevant
- Timely
- Understandable

RECOMMENDATION: Asthma Australia recommends greater investment in consumer education, training and support to develop health literacy.



Asthma Australia supports greater investment in technology in order to activate self-management at scale. In the asthma context, it should be designed with the asthma user in mind, including:

- Digital asthma action plans, in order to increase access to and uptake of asthma actions plans, as less than one-third of people with asthma have an asthma action plan, despite the recommendation that every person with asthma have one.
- mHealth technology linked to smartphones to support people with some of the challenges of self-managing their asthma – tracking inhaler use, inhaler technique, avoiding triggers and recognising worsening symptoms.
- Continued investment in My Health Record to address barriers to uptake (e.g. health literacy, privacy concerns, etc) in order to improve information flows to patients and improve health literacy. Access to My Health Record may help some consumers be more involved in decisions that affect their health.

RECOMMENDATION: Asthma Australia recommends greater investment in technology to help activate self-management at scale.

2. HEALTH SYSTEM ACTION

Asthma Australia supports recognising health system action as an enabler. Prevention must be embedded into routine health service delivery, including person-centred care. This requires measures to address workforce education, training and support, elements which are recognised in the Consultation Paper as underpinning the enablers.

Person-centred is characterised by:

- Care that is respectful of, and responsive to, consumer preferences, needs and values
- Partnerships between consumers (including their families, carers and other support roles) and healthcare providers, including shared decision making and self-management support
- Care that is easy for consumers to get when they need it

Underpinning person-centred care are health literate consumers who are empowered to manage their health, and healthcare providers who respect and respond to patient choices, needs and values. Importantly, person-centred care goes beyond individual patients taking an active role in managing their health, to consumers as active partners and leaders in the development and design of health care systems and services.

RECOMMENDATION: Asthma Australia recommends embedding and incentivising person-centred care into the Australian health system, including primary health care.

3. PARTNERSHIPS

Asthma Australia strongly supports building on the right partnerships to mobilise the prevention system, such as partnerships between health agencies and chronic disease organisations or



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consumer health groups. Partnerships between health organisations should also be fostered. Critically, health organisations need sustained and adequate funding in order to continue to contribute to partnerships, including partnering with each other to address common underlying determinants of health.

RECOMMENDATION: Asthma Australia recommends sustained and adequate funding for peak health organisations representing consumers so they can continue to contribute to partnerships that progress preventive health action and share resources to address common determinants of health.

Asthma Australia welcomes the Consultation Paper's recognition that prevention action must be protected from undue influence by vested interests. Examples where vested interests have had influence include food labelling reforms, regulation of advertising and warning labels. Recently, there have been reports of influence in vaping regulation.

4. LEADERSHIP AND GOVERNANCE

(No comment).

5. PREPAREDNESS

Improving preparedness is an important aspect of strengthening Australia's preventive health system. The Consultation Paper recognises the lessons from COVID-19 so far, and Asthma Australia has called for a holistic and thorough review of the COVID-19 health response and the development of a National Pandemic Preparedness Plan, in a submission to the Senate Select Committee on COVID-19.

Bushfires and other natural disasters are critical areas to improve preparedness. The 2019-2020 bushfires had a broad and deep impact on population health, with modelling research estimating bushfire smoke was responsible for over 400 deaths, more than 2,000 hospital presentations for respiratory problems, more than 1,100 hospitalisations for cardiovascular problems and more than 1,300 presentations to emergency departments for asthma. These events are becoming increasingly frequent and severe and it is important to develop plans, tools and strategies to prevent anticipated, avoidable health impacts.

6. RESEARCH AND EVALUATION

Asthma Australia strongly supports including research and evaluation as an enabler. We recognise the need for coherence in research strategy to support the NPHS. We support planned research investment that follows a continuum from T0 (basic research) to T4 (translation to communities) according to the preventive health focus area or objective. A large volume of research is being done by research institutes and a mechanism to capture the good work and new evidence could enable threading the evidence into the preventive health research theory of change. Investment in research



infrastructure to these ends is likely to attract the best minds in the space, who are likely to get the best research outcomes for our needs.

Research into chronic conditions, including asthma, is a priority. Around half of Australians had one or more chronic conditions according to ABS data from 2018, and the cost of treating chronic disease accounts for more than a third of the national health budget. In the asthma context, investment is needed to strengthen the evidence base for asthma prevention through research, evidence and data.

As mentioned in response to Question 5 (goals), there is a gap between research-based knowledge and practice. Using information effectively can increase diffusion of best practice and bridge that gap. This includes a focus on implementation science and health service research. Education, training and support for consumers as well the workforce will be critical to ensure prevention efforts reflect new science.

RECOMMENDATION: Asthma Australia recommends investment to bridge the gap between research-based knowledge and practice, including increased funding for:

- **Implementation science and health service research**
- **Consumer education, training and support**
- **Workforce education, training and support**

7. MONITORING AND SURVEILLANCE

Asthma Australia supports including monitoring and surveillance as an enabler to mobilise preventive action. However, we note there are some areas where surveillance is lacking, notably the health impacts of air pollution. Data collection needs to be improved to ensure that bushfire smoke is recorded as a cause of morbidity or mortality across the healthcare system. This will help us understand the impacts of bushfire smoke on short- and long-term health conditions. We have discussed air quality in more detail in response to Question 7 (focus areas).



Question 7: Where should efforts be prioritized for the focus areas?

Asthma Australia supports preventive health actions that create behaviours, communities and environments that promote health and reduce asthma risk across the life course. Asthma Australia supports investment in interventions to address the determinants of health including the shared protective factors and modifiable risk factors for asthma and other chronic conditions as well as the social determinants of health.

The 6 focus areas proposed for the National Preventive Health Strategy (NPHS) in the Consultation Paper have been the focus of preventive health action for some time and significant gains have been made. While there is more to achieve, Asthma Australia recommends the NPHS include new focus areas for air quality and mental health. We also recommend a focus on the social determinants of health which is likely to drive further progress in the 6 proposed focus areas.

RECOMMENDATION: Asthma Australia recommends the National Preventive Health Strategy focus on addressing the social determinants of health, including housing, employment and education.

RECOMMENDATION: Asthma Australia recommends the National Preventive Health Strategy include air quality as a focus area.

RECOMMENDATION: Asthma Australia recommends the National Preventive Health Strategy include mental health as focus area.

Additional focus area: Air quality

Asthma Australia calls for air quality to be included as a focus area in the NPHS. Poor air quality is a major risk factor for many chronic diseases, including asthma. The United Nations recognised air pollution as one of the 5 risk factors for non-communicable diseases in 2018, alongside unhealthy diet, tobacco use, harmful use of alcohol and physical inactivity. Climate change and extreme weather events, such as thunderstorm asthma, dust storms and bushfires, are increasing Australians' exposure to air pollution.

Air pollution (poor air quality) is linked to cancer, stroke, and heart disease, diabetes, obesity and changes linked to dementia. Air pollution is associated with the development and worsening of asthma in both children and adults, and an increase in respiratory hospitalisations for children. Long-term exposure to air pollution increases the risk of morbidity and mortality from asthma.

We also know that:

- Air pollution is linked to premature deaths. An Australian study on the health effects of air pollution in Brisbane, Melbourne, Perth and Sydney in 2005 found a 10 mg/m³ elevation in PM_{2.5} concentration was associated with a 1% increase in the daily total number of deaths. In 2004, Australian government scientists estimated that 2,400 of the 140,000 Australian deaths each year were linked to air quality – a number they say would be much greater if the long-term effects of air pollution on cancer were included.
- Air pollution is harmful to everyone. However, the most vulnerable suffer the most harm, including people living in low socioeconomic areas, which often have higher levels of air



pollution, or those who are more vulnerable because of their age. Children and young adults with asthma are more at risk from the effects of pollution because they have faster breathing rates, and their lungs are still developing.

- Air pollution plays a key role in the process of climate change, which places our food, air and water supplies at risk, and poses a major threat to our health.
- Air pollution has a significant economic impact. In one NSW study, the health costs of air pollution in the Greater Sydney Metropolitan Region were conservatively estimated to be between \$1.01 billion and \$8.40 billion per annum. The costs for the whole of Australia will be much higher.

Poor air quality amplifies other social determinants of health. People in low socioeconomic areas are more likely to be exposed to mould as well as air pollution from sources including coal fired power stations.

Addressing poor air quality requires a whole-of-government approach to preventive health, as committed to in the Consultation Paper. The necessary interventions span sectors and levels of government and the multifaceted approach needed to address this risk factor would be boosted by recognition in the NPHS.

Action to improve air quality is cost-effective. The US EPA has calculated that the ratio of healthcare cost savings to the costs of compliance with the Clean Air Act was 25:1 in 2010. This means that for every dollar spent complying with the Clean Air Act, twenty-five dollars were saved in healthcare costs due to lower disease burden, including a reduction in premature deaths, and reduction in cases of bronchitis, asthma, and myocardial infarction. The health gains from improved air quality can be achieved quickly and the potential savings are significant.

RECOMMENDATION: Asthma Australia recommends strong action to improve air quality and environmental health and address climate change, including:

- **Strengthening air pollution regulations to improve air quality and reduce pollution**
- **Improved air quality monitoring and reporting, and the provision of timely and appropriate information on air quality**
- **Managing the adverse health impacts of poor air quality through targeted support, particularly for people who are at greater risk, including people with asthma**
- **Approaches to reduce the risk of adverse health impacts from exposure to poor air quality, including in priority settings such as public buildings and schools, including:**
 - **Development of an air quality framework for institutions**
 - **Review of building standards so that homes can be better protected against air pollution during periods of poor air quality**
 - **Development of an accreditation scheme to identify public buildings which meet certain clean air criteria**
- **Research and the collection of evidence and data to improve knowledge on the impacts of poor air quality**
- **Improved hazard reduction burning practices and alternatives to burning to minimise health impacts**
- **Action to address climate change to reduce the frequency and severity of extreme weather events and associated hazardous air quality**



Additional focus area: Mental health

Asthma Australia supports calls by the Public Health Association of Australia and others for mental health to be included as a focus area in the NPHS. During the COVID-19 pandemic, we have welcomed efforts to recognise and respond to the mental health crisis predicted to continue during and beyond the pandemic. However, we need to approach mental health from a prevention standpoint as well as with treatment. As with preventing other conditions, efforts to address risk factors and promote protective behaviours can prevent mental health conditions. We also note the overlap between social determinants of health and mental health conditions.

Overarching focus: Social determinants of health

Asthma Australia recommends an overarching focus on the social determinants of health. Approaching the risk factors listed in the consultation paper in isolation and without a broader social determinants lens risks missing opportunities to address barriers to good health and wellbeing. The determinants of health and wellbeing are many and varied. They interact to raise or lower the health status of individuals and populations.

Determinants of health are often called factors (risk factors, protective factors) or underlying causes. While some determinants of health sit within the realm of the health sector, there are many that fall outside the boundaries of health (refer to Asthma Australia’s comments on Health in all Policies in response to Question 5 – Goal 1). A person’s health and wellbeing are influenced by individual, societal and socioeconomic factors. They include broad features of society and environment; socioeconomic characteristics; a person’s knowledge, attitudes and beliefs; health behaviours; psychological factors; safety factors; and biomedical factors. The National Strategic Framework for Chronic Conditions categorises determinants of health into four categories:

- Physical environment
- Social environment
- Economic factors
- Individual characteristics

As a priority, Asthma Australia recommends investment in housing repair/maintenance programs. Substandard housing has been linked to a range of health concerns, including asthma attacks and new asthma in children who are exposed to environmental triggers such as pest infestations and mould and damp housing and gas combustion products.

RECOMMENDATION: Asthma Australia recommends investment in housing repair/maintenance programs.

Asthma Australia also recommends investment in new approaches to create healthy workplace environments. In the asthma context, an estimated 15% of adult-onset asthma is work-related. Work-related asthma includes both worsening of asthma control (work-exacerbated asthma) and new-onset asthma (occupational asthma) due to workplace conditions. Work-related asthma could be reduced by a program to identify high-risk occupations and industries (e.g. bakeries, paint, animal handling, outdoor workers, etc.) that pose higher asthma risks for their workers, and develop and test innovative workplace strategies, including interventions to reduce exposure to airborne sensitising agents in the workplace.



RECOMMENDATION: Asthma Australia recommends investment in new approaches to create healthy workplace environments and reduce work-related asthma.

Response to Consultation Paper focus areas

- 1. *Reducing tobacco use***
- 2. *Improving consumption of a healthy diet***
- 3. *Increasing physical activity***
- 4. *Increasing cancer screening***
- 5. *Improving immunisation coverage***
- 6. *Reducing alcohol and other drug-related harm***

Asthma Australia broadly supports the 6 proposed focus areas. We call for investment in health literacy and adopting a social determinants approach to drive further improvements in these areas.

We strongly support the focus on reducing tobacco use. Tobacco control is an important priority to improve outcomes for people with asthma and other chronic conditions. Of all modifiable lifestyle risk factors, tobacco use is the leading cause of preventable death and disability in Australia, and contributed to 41% of all respiratory burden, according to the AIHW. Tobacco use or exposure to environmental tobacco smoke are risk factors associated with the development of asthma and worsening of asthma symptoms.

RECOMMENDATION: Asthma Australia supports accelerated efforts in reducing smoking prevalence and working towards a tobacco-free society.

Immunisation is important for people with asthma and other lung conditions, as well as the health of the Australian population in general. Immunisation is recognised as an evidence-based approach to preventing respiratory infections. Asthma Australia supports activities to increase vaccination rates including the following recommendations of the National Strategic Action Plan for Lung Conditions:

- Multi-faceted awareness and education campaigns to reduce the risk of respiratory infection. This includes the development of materials on the benefits of immunisation to increase uptake, and education for families and carers to reduce respiratory infection transmission. The campaign should target high risk populations including people with asthma, Aboriginal and Torres Strait Islander people and older people.
- Ongoing investment in promoting and delivering immunisation services in the Australian community including the provision of education and incentives for families and vaccination providers.

RECOMMENDATION: Asthma Australia recommends the delivery of awareness and education campaigns on the benefits of immunisation to increase uptake in high risk populations.



Question 8: How do we enhance current prevention action?

Asthma Australia has referred to the following priorities to enhance current prevention action in responses to the previous questions:

- Focusing on addressing the social determinants of health
- Adding focus areas for air quality and mental health
- Embedding greater person-centred care
- Adopting place-based approaches in preventive health
- Taking a more holistic approach to preventive health action
- Employing digital health to employ standard of care.
- Identifying and addressing gaps between research and practice.
- Ensuring sustained and adequate investment that supports these priorities and targets groups and areas with greater needs.

Further, Asthma Australia suggests the NPHS should support effective information sharing between agencies involved. Implementation and review of the NPHS will be critical and requires developing strong performance indicators. This will also allow for knowledge sharing and reduce duplication. Creating strong communities of practice and data and intervention clearing houses are further ways to support information sharing.



9. Any additional feedback/comments?

SUMMARY OF RECOMMENDATIONS:

Asthma Australia recommends the National Preventive Health Strategy include air quality as a focus area.

(Question 4, 5 and 7)

Asthma Australia recommends the National Preventive Health Strategy include mental health as focus area.

(Question 4 and 7)

Asthma Australia recommends the National Preventive Health Strategy focus on addressing the social determinants of health, including housing, employment and education.

(Question 4, 5 and 7)

Asthma Australia recommends the National Preventive Health Strategy is appropriately and adequately resourced to enable effective implementation, including monitoring and reporting outcomes against baseline measures.

(Question 4)

Asthma Australia recommends increased expenditure on preventive health in Australia, sustained investment to realise gains and a rebalancing of health expenditure from treatment to prevention with a target of 5% of health expenditure for prevention and public health measures.

(Question 4)

Asthma Australia recommends that resources are allocated in ways that promote equity including distribution of resources to groups and areas with greater needs.

(Question 4)

Asthma Australia recommends targeted investments in evidence-based preventive health interventions across the continuum of direct to individuals and upstream strategies.

(Question 4)

Asthma Australia recommends monitoring outcomes of spending on prevention.

(Question 4)

Asthma Australia recommends increased investment in maternal, family and child health to enhance early life and growth patterns and ensure healthy behaviours start early.

(Question 4)

Asthma Australia recommends the National Preventive Health Strategy focus on populations that are disproportionately affected by chronic conditions such as asthma.

(Question 4)

Asthma Australia recommends the National Preventive Health Strategy recognises the need for a holistic preventive health approach that includes addressing the social determinants of health.

(Question 4)



Asthma Australia recommends the National Preventive Health Strategy focus on improving outcomes for people with multiple chronic conditions, including asthma, and take a person-centred, holistic approach.

(Question 4)

Asthma Australia recommends the National Preventive Health Strategy is developed collaboratively by all levels of Australian Governments and secures non-partisan political commitment and cooperation.

(Question 5)

Asthma Australia recommends the introduction of strategic and coordinated whole-of-government approaches to achieving greater equity in health, including Health in All Policies approaches.

(Question 5)

Asthma Australia recommends refocusing primary health care towards prevention.

(Question 5)

Asthma Australia recommends place-based approaches that address health inequities by developing local and culturally appropriate responses.

(Question 5)

Asthma Australia recommends active consumer engagement in the development and design of health care systems and services.

(Question 5)

Asthma Australia recommends engaging priority population groups that are disproportionately affected by asthma in the design and delivery of preventive health.

(Question 5)

Asthma Australia recommends the development and delivery of Aboriginal and Torres Strait Islander people-led approaches that are locally responsive and culturally appropriate.

(Question 5)

Asthma Australia calls for ongoing funding of Asthma Australia's programs and activities which deliver preventive health strategies and support self-management.

(Question 5)

Asthma Australia recommends that preventive health action focuses on addressing areas where a significant gap exists between evidence and practice and that digital technologies are used to identify and understand gaps.

(Question 5)

Asthma Australia recommends greater investment in consumer education, training and support to develop health literacy.

(Question 6)

Asthma Australia recommends greater investment in technology to help activate self-management at scale.

(Question 6)

Asthma Australia recommends embedding and incentivising person-centred care into the Australian health system, including primary health care.

(Question 6)



Asthma Australia recommends sustained and adequate funding for peak health organisations representing consumers so they can continue to contribute to partnerships that progress preventive health action and share resources to address common determinants of health.
(Question 6)

Asthma Australia recommends investment to bridge the gap between research-based knowledge and practice, including increased funding for:

- **Implementation science and health service research**
- **Consumer education, training and support**
- **Workforce education, training and support**

(Question 6)

Asthma Australia recommends strong action to improve air quality and environmental health and address climate change, including:

- **Strengthening air pollution regulations to improve air quality and reduce pollution**
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- **Improved hazard reduction burning practices and alternatives to burning to minimise health impacts**
- **Action to address climate change to reduce the frequency and severity of extreme weather events and associated hazardous air quality**

(Question 7)

Asthma Australia recommends investment in housing repair/maintenance programs.

(Question 7)

Asthma Australia recommends investment in new approaches to create healthy workplace environments and reduce work-related asthma.

(Question 7)

Asthma Australia supports accelerated efforts in reducing smoking prevalence and working towards a tobacco-free society.

(Question 7)

Asthma Australia recommends the delivery of awareness and education campaigns on the benefits of immunisation to increase uptake in high risk populations.

(Question 7)

