

Asthma Australia

Victorian Election Priorities 2022

EXECUTIVE SUMMARY

To support people living with asthma, their carers and health professionals, Asthma Australia has identified four priority areas for the 2022 Victorian Election. These priority areas focus on people who need support and will influence the systemic changes needed to ensure these people are supported to live healthy lives.

The programs outlined below will lighten the burden for people with asthma in Victoria.

1. Fund services for people with asthma in Victoria

Asthma Australia provides the Victorian community with a range of services which currently do not receive any ongoing funding from the Victorian Government. These services are our 1800 phone line; Schools and Young Peoples Program; and the education of health care professionals. Asthma affects 11.4% of Victorians, more than 714,000 people¹ and we are seeking funding to provide these services and improve the lives of Victorians living with asthma.

Priority: Program funding for asthma support and education in Victoria

2. Contribute funding to a national AirSmart public education campaign

Asthma Australia seeks funding to implement and evaluate the national AirSmart campaign. AirSmart aims to educate and empower people with the information, tools and strategies needed to minimise or avoid exposure to unhealthy air and by doing so, reduce the negative impacts of unhealthy air on their health, wellbeing and participation in society. AirSmart was piloted in July and August 2022 and regional Victoria was included in the pilot sites.

Priority: Contribute to the national AirSmart public education campaign to reduce the health impacts of air pollution

3. Deliver cleaner air for Victorians

Asthma Australia notes the Victorian Government response to the Victorian Parliament's Environment and Planning Committee Inquiry into the Health Impacts of Air Pollution in Victoria is now overdue, and recommends the immediate response to this report and the implementation of the report's recommendations.

Priority: Respond to and implement in full recommendations from the Victorian air pollution inquiry

4. Response to the *ESTA capability and service review: final report* and *Review of Victoria's emergency ambulance call answer performance: COVID-19 pandemic-related 000 surge demand*

Asthma Australia considers that the Victorian Government must restore public confidence in the Emergency Services Telecommunications Authority (ESTA) through the following actions:

1. Publish online a table setting out the real-time status of the implementation of the recommendations from the *ESTA capability and service review: final report* and the *Review of*

Victoria's emergency ambulance call answer performance: COVID-19 pandemic-related 000 demand surge by the Inspector General for Emergency Management, and the proposed completion date of each recommendation.

2. Engage Graham Ashton, who led the review, to conduct an evaluation of the implementation of the *ESTA capability and service review: final report* recommendations in May 2023 which should be made publicly available.

Priority: Restore public confidence in ESTA

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 which restricts 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 deliver evidence-based prevention and health strategies to more than half a million people each year.

ASTHMA IN VICTORIA

Asthma is a chronic respiratory condition affecting 11.4% of Victorians, or more than 714,000 people.² Asthma prevalence is higher in regional Victoria (14.2%) compared with the Greater Melbourne Region (11.2%). Areas with the highest asthma prevalence in Victoria include Barwon-West (15.9%), Bendigo (15.3%) and the Latrobe Valley (15.2%).³

Asthma places a significant burden on Victorian hospitals. There were 11,628 hospital admissions for asthma in Victoria in 2016–17.⁴ Approximately 4,000 of these hospitalisations were due to the thunderstorm asthma event in November that year, which tragically caused 10 deaths.⁵ Almost half of all hospital admissions were for children aged 0–14 years.⁶ In 2016–17, Victoria had the second highest hospital admission rate for asthma at 189 per 100,000 people compared with the national rate at 173 per 100,000 people.⁷ An uncomplicated hospital admission costs approximately \$2,591 (approximately 1.5 hospital days) and a complicated admission costs \$5,393 (approximately three hospital days).⁸

Asthma was the diagnosis on admission to Victorian Emergency Departments for 22,970 people in 2016–17.⁹ Each Emergency Department presentation for asthma costs \$443 on average,¹⁰ and repeated asthma-related presentation to Emergency Department is associated with an increased risk of hospitalisation.¹¹ Forty per cent of adults and 62% of children re-present to emergency departments within one year of initial presentation.¹² It is estimated that one-third of Emergency Department presentations for asthma are avoidable.¹³

Asthma is the 9th leading contributor to the overall burden of disease in Australia,¹⁴ having risen from 10th place in 2003 to 9th place in 2018.¹⁵ 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.¹⁶ People with asthma experience poorer health outcomes and quality of life.¹⁷ 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 was the cause of death for 104 Victorians in 2020.¹⁸

The importance of respiratory health has been highlighted during the COVID-19 pandemic and the 2019–20 bushfires smoke crisis. These events have been particularly difficult for people with asthma and their carers, with many turning to Asthma Australia for support.

Asthma Australia has identified four priority areas for the 2022 Victorian Election that will support people living with asthma, their carers and health professionals. These priority areas will also create those systemic changes needed to ensure people with asthma can live healthy lives. Our priority areas are:

1. Program funding for asthma management in Victoria
2. Contribute to the national AirSmart public education campaign to reduce the health impacts of air pollution
3. Respond to and implement in full recommendations from the Victorian air pollution inquiry
4. Restore public confidence in ESTA

PRIORITY 1: Program funding for asthma management in Victoria

Asthma Australia does not receive any ongoing funding from the Victorian Government and relies on Federal funding, donations, bequests and philanthropy to provide services in Victoria. The cost for delivering these services is \$624,810 and we are seeking funding to ensure they can continue and improve the lives of people with asthma in Victoria.

Support effective self-management practices

Thirty-one per cent of callers to our 1800 phone line service are from Victoria. This phone line is supported by asthma educators who deliver person-centred, evidence-based self-management information and support. We are now developing our support services further using a Customer Experience model. This will include developing a new multi-channel approach—telephone, email, newsletters, SMS and webchat—to encourage a deeper engagement with people with asthma and their carers, and improve quality of life.

Supporting Children with Asthma in Schools

In 2020–2021, there were nearly 25,000 hospitalisations for asthma of which more than 10,000 were children aged under 15 years of age. It is believed 80% of hospitalisations are preventable.

Our Schools and Young Peoples Program is active in raising the awareness of asthma as a major health condition impacting young people. As part of this program, we have had contact with over 800 schools in Victoria (37% of the national total), focusing on asthma first aid, resources and guidelines for supporting school children with asthma. Over 12,000 teachers (43% of the national total) have been trained in Victoria. We are now looking to engage more deeply with school children to understand the impact of asthma, self-management, symptom control and trigger management.

Develop the health professional workforce

Asthma Australia has invested significantly in the development of health care professionals through various means including our partnership with Reed Medical Education to develop and launch the ‘Advanced Learning Module *Asthma in Australia: Practical Solutions for challenges in primary care*’. This online accredited training is free of charge for health professionals including General Practitioners, nurses, pharmacists and allied health professionals. We seek support to continue this service, and also to develop and distribute resources to health professionals in Victoria via digital and hard copy platforms.

Create supportive community environments

Asthma Australia has conducted several projects across Australia that have worked directly with community in developing community-based solutions. Projects in South Australia in particular, have been successful in developing models of care that have created systems change and lasting influence. We are seeking to do this type of work in Victoria, in particular with rural and remote communities, through the development of social intervention models aimed at influencing the wider determinants of health around the person with asthma.

COMMITMENT REQUESTED: The Victorian Government fund Asthma Australia \$2,496,000 over four years to deliver services to and improve the lives of people in Victoria

Table 1: Request for program funding from Victorian Government

| Program | Funding Sought |
|---|-----------------------|
| Support Effective Self-Management Practices | \$111,000 |
| Supporting Children with asthma in schools | \$47,000 |
| Develop the health professional workforce | \$144,000 |
| Create supportive community environments | \$218,000 |
| Subtotal | \$520,000 |
| Oncosts and administration | \$104,000 |
| TOTAL per annum | \$624,000 |
| TOTAL 4-year agreement | \$2,496,000 |

PRIORITY 2: Contribute to the national AirSmart public education campaign to reduce the health impacts of air pollution

There is a gap in Australian public health messaging around the health impacts of air pollution which disproportionately affects the health and wellbeing of people with asthma (2.7 million Australians). Asthma Australia has taken the lead on developing and piloting a public education campaign and air quality app called 'AirSmart'.

AirSmart fills the need for community education and guidance around air quality which was revealed by the 2019–2020 bushfire smoke crisis. This need was recognised by the Royal Commission into National Natural Disaster Arrangements, among other inquiries, following the 2019–20 bushfires. The need for access to air quality information and guidance will only increase as climate change continues to increase the frequency and severity of events causing poor air quality.

AirSmart was piloted in communities across southern NSW, ACT, and regional Victoria over a six-week period in July and August 2022. The pilot it is currently being evaluated and will inform refinements ahead of any national rollout. AirSmart includes an air quality public health campaign which promotes the download of the AirSmart app:

- **The public health campaign** aimed to raise community awareness about poor air quality, and how to interpret health advice so Australians can be protected from exposure and health impacts. This evidence-based educational initiative is an Australian-first, using a mix of traditional and digital media channels to reach the full community. The creative process behind the AirSmart campaign is founded in a consumer research approach and has been guided by environmental and public health experts. The campaign includes a 15 and 30 second television commercial, a radio commercial, other social and digital assets, a microsite, billboards, as well as the AirSmart app.
- **The AirSmart app** is a consumer tool for accessing 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 provides consumers with localised 'real-time' air quality, 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.

Asthma Australia is now seeking funding from all governments, to enable us to rollout AirSmart nationally.

COMMITMENT REQUESTED: The Victorian Government contribute \$2,560,000 over two years to fund the Victorian component of Asthma Australia’s national AirSmart public education campaign to reduce the impacts of poor air quality.

Table 2: Request for AirSmart funding from Victorian Government

| Item | 2022–23 | 2023–24 |
|----------------------------------|--------------------|--------------------|
| Media placement | \$1,250,000 | \$1,250,000 |
| App development and maintenance | \$12,500 | \$7,500 |
| Evaluation and consumer research | \$7,500 | \$7,500 |
| Project management costs | \$12,500 | \$12,500 |
| TOTAL | \$1,282,500 | \$1,277,500 |

Table 3: Total national 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 |

PRIORITY 3: Respond to and implement in full recommendations from the Victorian air pollution inquiry

Asthma Australia submitted to and welcomed the report of the Victorian Parliament's Environment and Planning Committee Inquiry into the Health Impacts of Air Pollution in Victoria. We support all the recommendations in the Committee's report.

People with asthma are the metaphorical canaries in the coalmine when it comes to air pollution: they are among the first people in their communities to be affected by air pollution. The impact can be immediate and involve respiratory symptoms and asthma flareups which can lead to hospitalisation and even death. Exposure to environmental hazards is both a risk factor for the development of asthma and a trigger for asthma symptoms in people who have asthma.¹⁹

People with asthma are not the only group at higher risk of health impacts as a result of exposure to air pollution; also vulnerable are people with other respiratory conditions, cardiovascular disease and type 2 diabetes, pregnant people, infants, children and older people.²⁰ 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.²¹

The impacts of air pollution are significant:

- 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 even a small elevation in the concentration of fine particulate matter (or PM2.5) was associated with an increase in the daily total number of deaths.²²
- Air pollution is harmful to everyone. However, the most vulnerable suffer the most harm, including people living in low socio-economic 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.²³
- 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.²⁴

Addressing air pollution requires a whole-of-government approach given the range of sources of pollution and the range of areas impacted which include human health, the environment, education, employment, the economy and social participation.

Asthma Australia notes the Victorian Government response to the Committee's report is now overdue, and recommends the immediate response to this report and the implementation of the report's recommendations. Asthma Australia considers that the report's recommendations, if implemented, would minimise the adverse impacts of air pollution and benefit the Victorian community.

COMMITMENT REQUESTED: The Victorian Government respond to the report of the Victorian Parliament's Environment and Planning Committee Inquiry into the Health Impacts of Air Pollution in Victoria, and accept and implement in full the report's recommendations.

PRIORITY 4: Restoring public confidence in ESTA

Asthma Australia is concerned by the reported delays in members of the public accessing emergency healthcare in the period September 2021 to April 2022. It is worrying that these delays occurred following the unprecedented 21–22 November 2016 thunderstorm asthma event, which is thought to have contributed to the death of nine people. For people with asthma who experience an exacerbation, such delays can be the difference between life and death.

There are at least two recent reports of people with asthma who died while waiting to be taken to the hospital by an ambulance:

- On 27 October 2021, 14-year-old Alisha Hussein died of an asthma exacerbation while being driven to hospital by her parents, who waited 15 minutes for ESTA to pick up their call before they ended it and decided to drive Alisha to the hospital themselves.
- On 13 April 2022, 14-year-old Lydia Anseline died outside her Pakenham home in Melbourne's south-east while waiting for paramedics to arrive after suffering an asthma exacerbation. Her parents called 000 twice. In the first phone call to 000, ETSA confirmed that an ambulance was on its way. Eighteen minutes later, Lydia's parents phoned again. Paramedics arrived 30 minutes after the placement of the first call, by which time Lydia had died.

Asthma Australia welcomes the review into how ESTA delivers its 000 services, announced in October 2021, and the final report released on 19 May 2022. We welcome the Government's in principle support of all 20 recommendations, and also note that the Government made funding commitments to further invest in ESTA in May 2021, October 2021, March 2022 and May 2022.

We also welcome the *Review of Victoria's emergency ambulance call answer performance: COVID-19 pandemic-related 000 demand surge* by the Inspector General for Emergency Management (IGEM). We note that the IGEM review supports all, and reiterates some, of the recommendations of the Graham Ashton led review and that both reviews are complimentary. We note the Victorian Government has stated they have agreed to the IGEM review recommendations.

With regards to planning and preparedness, the IGEM review found that there were some changes recommended after the 2016 thunderstorm asthma event that had not been implemented. This included no implementation of a system to give callers an estimated time of arrival for an ambulance. We are concerned that lessons had not been learnt from a significant event for asthmatics, reinforcing the need for the recommendations from both reviews to be implemented in a transparent manner.

We look forward to the implementation of the recommendations from both of the ESTA reviews. We hope that with the implementation of these recommendations, there will be no more deaths as a result of lengthy delays while waiting for a response from emergency healthcare services. We consider that it is important that the Government not only implement the recommendations, but also restore public confidence in ESTA by ensuring transparency and accountability around its implementation of these recommendations.

We therefore recommend the following:

- The Government publish online a table setting out the real-time status of the implementation of the recommendations from the two ESTA reviews, and the proposed completion date of each recommendation.
- The Government engage Graham Ashton to conduct an evaluation of the implementation of the *ESTA capability and service review: final report* recommendations, which should be made publicly available. This should be conducted in May 2023 one year from the release of the report. We note IGEM undertakes system-wide reviews, including the emergency management functions of responder agencies, under the *Emergency Management Act 2013* (Vic).

COMMITMENTS REQUESTED:

1. The Victorian Government publish online a table setting out the real-time status of the implementation of the recommendations from the *ESTA capability and service review: final report* and the *Review of Victoria's emergency ambulance call answer performance: COVID-19 pandemic-related 000 demand surge* by the Inspector General for Emergency Management, and the proposed completion date of each recommendation.
2. The Victorian Government engage Graham Ashton, who led the review, to conduct an evaluation of the implementation of the *ESTA capability and service review: final report* recommendations in May 2023 which should be made publicly available.

References

- ¹ Australian Bureau of Statistics (ABS), 2018. *National Health Survey: First Results 2017-18*, ABS Cat no. 4364.0.55.001.
- ² ABS 2018. *National Health Survey: First Results 2017-18*, ABS Cat no. 4364.0.55.001.
- ³ Public Health Information Development Unit (PHIDU), 2019. *Asthma Atlas of Australia*.
- ⁴ Ibid.
- ⁵ Thien et al., 2018. 'The Melbourne epidemic thunderstorm asthma event 2016: an investigation of environmental triggers, effect on health services, and patient risk factors', *The Lancet*, vol 2(6), pp 255-263.
- ⁶ Australian Institute of Health and Welfare (AIHW), 2019. *Separation statistics by principle diagnosis* (ICD-10-AM 10th edition).
- ⁷ PHIDU, 2019. *Asthma Atlas of Australia*.
- ⁸ Independent Hospital Pricing Authority, 2013-14. *National Hospital Cost Data Collection Australian Public Hospitals Cost Report 2013-14 Round 18*, available online: https://www.ihpa.gov.au/sites/default/files/publications/nhcdc-round18.pdf?acsf_files_redirect.
- ⁹ AIHW, 2017. *Emergency department care 2016-17: Australian hospital statistics*, Canberra: AIHW.
- ¹⁰ Independent Hospital Pricing Authority, 2013-14.
- ¹¹ Giangio, S. et al., 2020. 'Emergency department visit count: a practical tool to predict asthma hospitalisation in children', *Journal of Asthma*, vol 57(10).
- ¹² Wakefield, M. et al, 1997. 'Risk factors for repeat attendance at hospital emergency departments among adults and children with asthma', *Australian and New Zealand Journal of Medicine*, vol 27, pp. 277-284.
- ¹³ Goeman, D.P. et al, 2004., 'Back for more: a qualitative study of emergency department reattendance for asthma', *Medical Journal of Australia* 2004, vol 180(3), pp. 113-117.
- ¹⁴ AIHW, 2021. *Australian Burden of Disease Study 2018—Key Findings*. Web Report. Canberra: AIHW.
- ¹⁵ Ibid.
- ¹⁶ AIHW, 2019. *Australian Burden of Disease Study: impact and causes of illness and death in Australia 2015*. Australian Burden of Disease series no. 19. Cat. no. BOD 22. Canberra: AIHW.
- ¹⁷ AIHW, 2019. *Asthma*. Canberra: AIHW. Available online: <https://www.aihw.gov.au/reports/chronic-respiratory-conditions/asthma> (accessed 1 July 2020); Australian Centre for Asthma Monitoring (ACAM) 2004. *Measuring the impact of asthma on quality of life in the Australian population*. Cat. no. ACM 3. Canberra: ACAM, AIHW.; ACAM 2011. *Asthma in Australia 2011*. Canberra: ACAM, AIHW.
- ¹⁸ ABS, 2021. *Causes of Death, Australia, 2020*.
- ¹⁹ Australian Government Department of Health, 2018. *National Asthma Strategy 2018*.
- ²⁰ Centre for Air pollution, energy and health Research-CAR, 2019. *Bushfire smoke: what are the health impacts and what can we do to minimise exposure?* Available online: <https://www.car-cre.org.au/factsheets>.
- ²¹ NCD Alliance (2018) A Breath of fresh air. Acting on the UN mandate to tackle air pollution. Available online: https://ncdalliance.org/sites/default/files/resource_files/FreshAir_FV.pdf
- ²² Simpson, R. et al., 2005. 'The short-term effects of air pollution on daily mortality in four Australian cities', *Australian and New Zealand Journal of Public Health*, vol 29, pp. 205-212.
- ²³ Royal College of Physicians, 2016. *Every breath we take: the lifelong impact of air pollution*, Report of a working party.
- ²⁴ NSW Department of Environment and Conservation NSW, 2005. *Air Pollution Economics: Health Costs of Air Pollution in the Greater Sydney Metropolitan Region*.