



Asthma Australia Submission to the Australian Capital Territory Treasury

Pre-Budget Submission 2021–22

June 2021

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 one in nine 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.



Asthma in the Australian Capital Territory

Asthma is one of the most common chronic conditions in Australia, with high prevalence rates by international comparison. In the Australian Capital Territory (ACT), one in eight (12.1%) people have asthma, higher than the national average of one in nine people (11%).¹ The ACT also has the highest rate of allergic rhinitis in Australia with 29% of the population reporting symptoms of allergic rhinitis in 2018–19 compared to all other states and territories.² Importantly for Territorians, thunderstorm asthma events are not uncommon and affect people with asthma and people with allergic rhinitis. In 2020, the ACT issued 5 public health alerts for thunderstorm asthma.

Research shows that people with asthma experience poorer health outcomes and quality of life.³ People with asthma may live for a long period of time with its associated disability, and experience reduced participation in the workforce, school, childcare, sports and social events. Asthma is the 10th leading contributor to the overall burden of disease in Australia, and is the leading cause of burden of disease for people aged 5-14 years.⁴

Hospitalisations due to asthma are costly; each emergency department presentation for asthma costs \$443 on average, an uncomplicated hospital admission costs approximately \$2,591 (approximately 1.5 hospital days) and a complicated admission costs \$5,393 (approximately three hospital days).⁵ The estimated cost of asthma in Australia in 2015 was \$28 billion.⁶ This equates to \$11,740 per person with asthma and includes \$24.7 billion attributed to disability and premature death.⁷

In 2019, the ACT experienced 10 asthma-related deaths.⁸

Introduction

Asthma Australia welcomes the opportunity to detail funding priorities for the ACT's 2021–22 Budget that will benefit the one in eight Territorians who have asthma. Our submission focuses on the following priority issues:

1. Supporting Australians to protect themselves against the impacts of bushfire smoke and other sources of air pollution; and
2. Support for community education and health sector integration

The 2021–22 Budget is an opportunity to continue and increase investment in health measures. Investing in the above priorities has the potential to deliver significant benefits to people with asthma as well as to the broader community. The ongoing COVID-19 pandemic continues to reinforce the importance of public health. Prevention should be at the top of the health agenda in all jurisdictions, in line with the Commonwealth's *National Long Term Health Plan* reforms, and the *National Preventive Health Strategy*. We know that investing in preventive health delivers strong returns. Finally, the smoke crisis that accompanied the catastrophic 2019–20 bushfires revealed the need to invest in consumer education so people can protect themselves against the negative impacts of unhealthy air.



Funding priority 1: Supporting Australians to protect themselves against the impacts of bushfire smoke and other sources of air pollution

The catastrophic 2019–20 bushfires caused a public health emergency with millions of Australians exposed to bushfire smoke for prolonged periods. The bushfire smoke crisis added to the direct bushfire impacts already felt by communities threatened by the fires.

In the ACT, during the period 28 November 2019 to 28 January 2020:

... there were 47 days where at least one station recorded an Air Quality Index (AQI) above the national standard (100-Poor). On the days that exceeded the standard, 35 days also exceeded the Hazardous (200) threshold. The extreme fires produced pollution across several air quality measures.⁹

Bushfire smoke emits airborne particles which can be harmful to people's health. People with respiratory conditions including asthma are particularly vulnerable to the negative impacts of bushfire smoke exposure, as are people with cardiovascular disease, type 2 diabetes, pregnant people, infants, children and elderly people.¹⁰

Asthma Australia's research has shown existing public health messaging did not appear to help Australians seeking to reduce their exposure to bushfire smoke during the 2019–20 bushfires. Our survey of 12,000 people conducted during the bushfires revealed exposure to smoke resulted in financial strain, reduced social participation and poor mental health for many respondents. Respondents with asthma were more likely to report these outcomes.

Of the 1528 survey respondents from the ACT, 866 had asthma, 6% of whom attended the Emergency Department, 38% of whom were sick for more than a week, and 14% of whom lost their salary. Of the total ACT cohort (1528 survey respondents), one in five relocated to a different area during the 2019–20 bushfires. Overall, NSW and ACT appeared to be more affected than other states in most categories of impact on quality of life. One quarter of people in the ACT experienced financial stress as a result of the bushfires.

We are beginning to understand the health and financial impacts of the 2019–20 bushfire smoke crisis in more detail. Modelling has estimated that in the ACT, bushfire smoke exposure resulted in 31 excess deaths, 82 hospitalisations for cardiovascular problems, 147 hospitalisations for respiratory problems, and 89 emergency department presentations for asthma.¹¹ The cost of this health burden in the ACT has been estimated at \$98.19 million.¹²

PROPOSAL: Targeted financial support towards the cost of purchasing and running air purifiers

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

... air quality readings above the national standards occurred due to smoke, predominantly due to woodfire heaters. Twelve of the thirteen exceedances for PM2.5 were related to woodfire smoke. The other instance was attributed to a hazard reduction burn. There was also one breach of the PM10 standard which was attributed to hazard reduction burns.¹³



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Although the ACT Government has introduced a Wood Heater Replacement Program and has moved to gas-free new developments, moves welcomed by Asthma Australia, we note that there is insufficient take-up of the Wood Heater Replacement Program, with “just 15...removed from Canberra homes in the 2019-20 financial year”.¹⁴ Further, the Wood Heater Replacement Program alone isn’t enough to reduce the immediate effects of poor air quality in the ACT, as it will take time to transition away from woodfire heaters and for the benefits of the program to be felt. We believe that the ACT Government should also assist people of low socio-economic status who have asthma with access to air purifiers.

Air purifiers with HEPA filters can be highly effective in minimising exposure to bushfire smoke when used as recommended by the manufacturer in a well-sealed room.¹⁵ Air conditioning can also be necessary during air pollution events that occur in hot weather which require vulnerable people to shelter inside for hours or days at a time. However, it is expensive to purchase and run air purifiers and air conditioners. Some members of the community require financial assistance to implement these measures and ensure their homes are safe during air pollution events.

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

RECOMMENDATION 1: The Australian Capital Territory Government should provide financial support to people of low socio-economic status with asthma towards the costs associated with purchasing and using air purifiers with a HEPA filter.



Funding priority 2: Support for community education and health sector integration

Asthma Australia provides high quality information and support services for people with asthma, their carers and treating health professionals through our current funding contract (provided through ACT Health Directorate, Service Funding Agreement 2017.27504.580, with an end date of 30 June 2022). We engage community partners (such as health professionals from pharmacies, General Practice and other community organisations) to build the capacity of the ACT community to maximise their health outcomes and improve the coordination between asthma services, support groups and health professionals.

Since November 2019, there have been 2567 asthma presentations to ED and Walk-in Centres in ACT.¹⁶ We believe there is a better way to address and reduce these presentations—namely, through the expansion of our services. With additional funding, we could develop and implement a dedicated community education and health sector integration project, similar to the project that Asthma Australia has successfully implemented in the mid-north of South Australia (SA).

PROPOSAL: Investment in a community placed-based approach project, co-designed to improve the level of asthma self-management and reduce hospital admissions/ED Presentations.

Our proposed project, **Implementing Community Responses to Asthma in the ACT**, would be a co-designed, integrated model of care. The project would be built on the premise that people living with asthma are experts in their own lives, and this ‘untapped’ experience is an essential part of developing any solutions that improve asthma outcomes. The project would be consumer-driven, supported by ACT health professionals from primary and tertiary care organisations and other relevant stakeholders (such as ACT Primary Health Network, Pharmacy Guild and the ACT Health Directorate) who would contribute to the community consultation and provide a level of governance and evaluation in the form of a Community Asthma Support Alliance. The Alliance would also investigate and address systems issues impacting the project and explore opportunities for project sustainability.

The outcomes from the community consultation would inform the co-design of potential concepts to be trialled in the ACT community to assist with better asthma management, transitions of care and ultimately integration of care. Examples of the concepts being implemented that are specific to the SA project as chosen by their community include:

- **Guides for Asthma Advocacy:** Local people with asthma and their families engage in evidence-based conversations through online community platforms, such as a public Facebook page which includes navigation tools on how to access support for asthma care in the region.

The SA Project found that there are many barriers between people living with asthma and the many resources and supports available. People often only access professional supports when their condition gets significantly worse.

The Asthma Advocacy Guides offer more incidental, informal and holistic ways to access asthma information and support. For example, the public Facebook page includes regular sharing of stories from locals with asthma and healthcare professionals and anonymous messaging where people can ask questions about their asthma.



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- **Community Connector:** A non-professional with asthma who works with the local respiratory nurse to connect with community and make asthma healthcare more accessible. The scope of this role includes increasing communication and strengthening relationships between people and their health professionals and walking alongside people as they access healthcare.

According to patients in the SA Project, healthcare professionals in the region often don't have sufficient time, the current or relevant asthma expertise and/ or, in the case of locums, the local perspective needed to achieve effective community engagement.

Key Activities of the Community Connector therefore include engaging with community members and groups and regularly connecting with local healthcare professionals.

- **Collaborative Care:** Support for people with asthma, doctors, pharmacists, respiratory nurses, schools and employers to work better together.

At times, these stakeholders will come together to work on the best asthma management plan for an individual, school or workplace. This idea builds on Asthma Australia's existing collaborative model of health care in SA.

The proposed project builds on the success and lessons of the SA Project. It addresses key strategic priorities of ACT Preventative Health Plan, ACT Health Strategic Plan and Canberra Health Services Strategic Plan. The two former plans focus on improving equity in health outcomes for people with chronic conditions, and the Canberra Health Services Strategic Plan focuses on partnerships to improve people's health through addressing the barriers to inclusive health. We note that a significant number of Territorians have one or more chronic conditions: in 2017–18, almost half of all adults in the ACT had at least one chronic disease such as asthma, and of all adults, 20% had two or more of chronic diseases.¹⁷

Asthma Australia seeks \$200,000 for its proposed project, Implementing Community Responses to Asthma in the ACT, to establish a co-designed, integrated model of asthma care for the ACT community.

RECOMMENDATION 2: The Australian Capital Territory Government provide financial support of \$200,000 for Asthma Australia's proposed project, Implementing Community Responses to Asthma in the ACT.



Summary of recommendations

RECOMMENDATION 1: The Australian Capital Territory Government should provide financial support to people of low socio-economic status with asthma towards the costs associated with using air purifiers with a HEPA filter.

RECOMMENDATION 2: The Australian Capital Territory Government provide financial support of \$200,000 for Asthma Australia’s proposed project, Implementing Community Responses to Asthma in the ACT.



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