



**ASTHMA  
AUSTRALIA**

# Long-Term Plan for Healthcare in Tasmania 2040 Exposure Draft

**Asthma Australia Submission, May 2023**

## **ABOUT ASTHMA AUSTRALIA**

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

Asthma is an inflammatory condition of the airways, which restricts airflow and can be fatal. There is no cure, but most people with asthma can experience good control of their condition. Asthma affects 1 in 9 Australians, or 2.7 million people. It has various degrees of severity (mild to severe) and affects people of all ages, from childhood to adulthood. Asthma can appear at all ages and stages of life. Asthma Australia's purpose is to help people breathe better so they can live freely.

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



## BACKGROUND

Asthma Australia’s comments in this submission build upon our responses to the *Our Healthcare Future Immediate Actions and Consultation Paper*, the *Exposure Draft—Our Healthcare Future: Advancing Tasmania’s Health*, the *Statewide Discharge Draft Framework Consultation* and to the *Issues Paper—Establishing a Statewide Clinical Senate*.

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

Overall, we recommended that the Tasmanian Government supports a range of initiatives that leverage existing community connections, collectives, resources and expertise in delivering co-designed health management to support asthma services to the community. We also suggested training and education opportunities for relevant staff to increase the scope of relevant health workers to encompass asthma care.

### Asthma in Tasmania

Asthma affects 66,000 people in Tasmania, or more than one in eight people.<sup>i</sup> This means **Tasmania has the second highest prevalence of asthma** in any state or territory in Australia. Tasmania’s Brighton municipality has the highest rates of asthma, while Launceston has the highest total number of people with asthma.<sup>ii</sup>

In 2022, asthma was the 8th leading contributor to the overall burden of disease in Australia, having risen from 10th place in 2003.<sup>iii</sup> It is the leading cause of burden of disease for people aged 5–14 years. In 2020, asthma caused 11 deaths in Tasmania,<sup>iv</sup> and as a chronic condition places a significant burden on the daily lives of people with asthma and their families, as well as Tasmania’s health care system.



## INTRODUCTION

Asthma Australia welcomes the opportunity to comment on the *Long-Term Plan for Healthcare in Tasmania 2040 Exposure Draft*. We note and welcome that the Draft incorporates many of our comments from our previous submissions.

We note that, with the higher rate of asthma in Tasmania compared with the national average, and the projected increases across the three regions in the Clinical Service Profiles, there is a particular need for increased and sustained investment in improvements in the health system directed at supporting Tasmanians with asthma.

Asthma is a disease that can be managed effectively in our primary care system and within the broader community, and the majority of asthma hospitalisations and deaths are avoidable. By supporting people to develop their capability and capacity to manage their own care, and engaging communities to support the wellbeing of their members, the burden and impact of asthma can be reduced.

Asthma is a health problem that demands our attention and creativity to find a better way forward. New approaches need to focus on interventions that include targeting the risk factors shared by many population groups including marginalised communities.

There is now an opportunity for the Tasmanian Government to increase and diversify its investment in respiratory health, through greater focus on consumer action and empowerment, including by enhancing health literacy, empowering consumers to self-manage their condition and supporting consumers to play an active role in shaping health care systems and services that affect them.



## RECOMMENDATIONS

**RECOMMENDATION:** Asthma Australia recommends that the consultative approach to developing a Tasmanian Chronic Disease Strategy and a Primary Health Strategy and Action Plan includes discussions with consumer-focused health organisations from across the health system, including from the Aboriginal and Torres Strait Islander sector.

**RECOMMENDATION:** Asthma Australia recommends that the Tasmanian Government engages with and supports the emerging Chronic Disease Prevention collaboration.

**RECOMMENDATION:** Asthma Australia recommends that asthma outpatient and in home care is coordinated and delivered at a community level through the District Hospitals and Community Health Centres, aligned with the needs and priorities of the local community.

**RECOMMENDATION:** Asthma Australia recommends that the Tasmanian Government consider these options to deliver care in the home and community for Tasmanians experiencing asthma.

**RECOMMENDATION:** Asthma Australia renews its recommendation the Tasmanian Government fund a new initiative, the Asthma Smart Community Model, as proposed in our submission to the 2023-24 State Budget.

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

**RECOMMENDATION:** Asthma Australia recommends that the findings of the Tasmanian Asthma Community Consultation be considered in the design of future population- and place-based initiatives aimed at addressing asthma in Tasmania

**RECOMMENDATION:** Asthma Australia recommends that the State Government renew and increase investment in the Tasmanian Asthma Management Program as proposed in our submission to the 2023-2024 State Budget.

**RECOMMENDATION:** Asthma Australia recommends that consumer-focused peak bodies representing people with chronic conditions, such as Asthma Australia, be included as representatives on the Tasmanian Consumer Health Planning Committee, Interagency Working Group and have input into the Consumer and Community Engagement Framework.

**RECOMMENDATION:** Asthma Australia recommends the creation of a Respiratory Clinical Network, which includes consultation with Asthma Australia, for clinical service planning.

**RECOMMENDATION:** Asthma Australia recommends that the Tasmanian Government prioritises indoor air quality in the development of healthy public buildings and holistically assesses and mitigates factors that contribute to poor air quality in the design, construction and retrofitting of public buildings.

**RECOMMENDATION:** Asthma Australia recommends that the Tasmanian Government works with governments from other jurisdictions to develop indoor air quality standards to underpin the monitoring, reporting and filtering of air quality in public buildings.



## OUR RESPONSE TO PRIORITIES FOR ACTION

### Action Area 1: A Single, Integrated, Statewide System

#### 1.1.7 Partnering to develop a Tasmanian Chronic Disease Strategy

In Asthma Australia's submission to the *Exposure Draft—Our Healthcare Future: Advancing Tasmanian's Health*, we encouraged the Tasmanian Government to align with national approaches to the management and care of chronic conditions. We considered that there was greater scope for the Exposure Draft to align with the 2017 National Strategic Framework for Chronic Conditions and, more specifically, the National Asthma Strategy 2018.

Asthma Australia supports the development of a Tasmanian Chronic Disease Strategy and a Primary Health Strategy and Action Plan for Tasmania and reinforce our previous recommendations for alignment to national healthcare plans and policies. It is important that Aboriginal and Torres Strait Islander peoples are recognised as a priority population in the development of the Chronic Disease Strategy due to their overrepresentation in data relating to asthma prevalence and risk. In identifying priority areas for health reform, the Tasmanian Government must address specific health issues and social determinants of health relating to this cohort and the Aboriginal Community Controlled Health Organisations and other Aboriginal Health Services should be priority stakeholders.

The stakeholder engagement outlined in the Long-Term Plan to develop these strategies should also seek to encompass the non-government, for-purpose and consumer sectors, in particular the chronic conditions and consumer organisations such as Asthma Australia, the Heart Foundation and the Cancer Council of Tasmania, who are currently exploring a Chronic Disease Prevention collaboration. Wider consideration should also be given to organisations representing the consumer voice in the social determinants of health, such as the Tasmanian Council of Social Services and the Mental Health Council of Tasmania and Health Consumers Tasmania.

**RECOMMENDATION: Asthma Australia recommends that the consultative approach to developing a Tasmanian Chronic Disease Strategy and a Primary Health Strategy and Action Plan includes discussions with consumer-focused health organisations from across the health system, including from the Aboriginal and Torres Strait Islander sector.**

**RECOMMENDATION: Asthma Australia recommends that the Tasmanian Government engages with and supports the emerging Chronic Disease Prevention collaboration.**

#### 1.3.5 District Hospitals and Community Health Centres

District Hospitals and Community Health Centres are essential supports in communities and have proximity to people in high priority locations. Asthma Australia supports the development of asthma-related care programs that can be delivered across these sites and in homes, and prioritised according to local community health profiles and need.

In Asthma Australia's submission to the *Consultation Paper-Our Healthcare Future*, we proposed that care could be shifted from hospitals to the community through a range of actions, noting the potential to utilise existing local health facilities such as District Hospitals and Community Health Centres to conduct regular asthma outpatient clinics.



To extend this concept further and enhance consumer-centric care, District Hospitals and Community Health Centres could serve as access points for telehealth appointments with health professionals as well as telehealth support services with consumer organisations such as Asthma Australia.

**RECOMMENDATION: Asthma Australia recommends that asthma outpatient and in home care is coordinated and delivered at a community level through the District Hospitals and Community Health Centres, aligned with the needs and priorities of the local community.**

## Action Area 2: Providing the Right Care, in the Right Place, at the Right Time

### 2.2 More care delivered in the home and community

Asthma is a disease that can be managed effectively in our primary care system and within the broader community, and the majority of asthma hospitalisations and deaths are avoidable. By supporting people to develop their capability and capacity to manage their own care, and engaging communities to support the wellbeing of their members, the burden and impact of asthma can be reduced.

When exiting the hospital setting, it is critical that patients are given the information and support they need at the time of discharge to manage their asthma according to best practice at home. This will support them to stay well and reduce their likelihood of future asthma exacerbations and associated hospitalisations.

In striving for the equitable and consumer-centred principles of the Long-Term Plan, the Tasmanian Government could implement a range of key actions to shift focus from hospital-based care to community care. In Asthma Australia's submission to the Tasmanian Government Department of Health's *Consultation Paper: Our Healthcare Future*, we advocated a range of initiatives that would support this shift, namely:

- Continue to develop new, and leverage existing, community-level health projects across multiple communities, such as the Tasmanian Anticipatory Care Project;
- Support initiatives that provide a shared translational research agenda that informs a well-integrated, people-centred and effective health system, such as the Tasmanian Collaboration for Health Improvement;
- Work in partnership with and leverage Local Government health and wellbeing initiatives that target priority populations;
- Explore health initiatives that can be delivered through existing community facilities, such as Neighbourhood Houses and Libraries;
- Utilise existing local health infrastructure assets such as District Hospitals and Community Health Centres to conduct regular asthma outpatient clinics;
- Support other health workers—such as pharmacy assistants, practice nurses, community nurses, Aboriginal health workers, child and family health workers—to be trained in accredited asthma management in order to leverage new parts of the existing health workforce and relieve the load on GPs and pharmacists;
- Support “peers” in the community to be trained in asthma management and education to leverage their community expertise and connections to relieve the load on the public health system;



- Improve uptake of asthma protocols and training by community groups, such as sport and community service groups;
- Increase the number of respiratory specialists and others with respiratory capability—including nurse practitioners, clinical nurse consultants and GPs—across the state, as their expertise will become more pressing as air quality is increasingly impacted by a changing climate; and
- Employ co-design to empower people with lived experience to contribute to policy discussions alongside professionals and systems stakeholders.

**RECOMMENDATION: Asthma Australia recommends that the Tasmanian Government consider these options to deliver care in the home and community for Tasmanians experiencing asthma.**

## 2.3 Optimising Rural Health Services

### 2.3.1 A place-based approach to rural health service planning, implementation and delivery

In achieving Asthma Australia's strategy to deliver person-centred approaches and influence systems change, we partner with people who have lived experience of asthma. We believe that new consumer-centric asthma interventions have the potential to dramatically ease the burden of asthma on the state's health system.

To this end, Asthma Australia is pioneering community-led projects in priority communities – through our Asthma Smart Community Model - that seek to understand local health issues and 'what life is like' in regional areas for people with asthma. The projects use an approach that involves a deep understanding of a community, its people and healthcare services, to understand the place-based nature of respiratory issues. Central to this and to subsequently improving asthma outcomes, is employing local people with asthma as Asthma Community Connector and Local Project Supports to be the face of Asthma Australia in a community, with the support of local stakeholders.

This Asthma Smart Community Model was developed by Asthma Australia in South Australia and is in the preliminary stages of being adapted for use in Tasmania. The Tasmanian model will be developed together with people from the community with a lived experience of asthma working with priority communities and alongside the local health system. We sought funding for the Asthma Smart Community Tasmanian project in our submission to the 2023-2024 State Budget.

**RECOMMENDATION: Asthma Australia renews its recommendation the Tasmanian Government fund a new initiative, the Asthma Smart Community Model, as proposed in our submission to the 2023-24 State Budget.**

## 2.4 Strengthening prevention and early intervention

### 2.4.2 Supporting Priority Population Groups

Asthma Australia supports systemic and targeted action to promote equity and support population groups that are disproportionately affected by asthma. Priority asthma population groups in Tasmania include:

#### 1. Children.



Asthma is the health condition that has the greatest impact on school children aged 5-14 years, representing 14.2% of the total disease burden for boys, and 11.7% for girls.<sup>v</sup> It is also a key reason for missing school due to chronic illness.<sup>vi</sup>

In addition, rates and prevalence vary geographically within Tasmania, with rates of hospitalisation for asthma in children high on the North-West Coast and asthma prevalence highest in the Brighton municipality.

## **2. Aboriginal and Torres Strait Islander peoples.**

A discussion of health inequity must include consideration of the disproportionate prevalence of asthma amongst Aboriginal and Torres Strait Islander people. In 2012–13, 18% of Aboriginal and Torres Strait Islander Australians had asthma (an estimated 112,000 people) with a higher rate among females (20%) than males (15%). The prevalence of asthma was almost twice as high among Aboriginal and Torres Strait Islander Australians compared with non- Aboriginal or Torres Strait Islander Australians after adjusting for difference in age structure.<sup>ix</sup> In identifying priority areas for health reform, the Tasmanian Government must address specific health issues relating to Aboriginal and Torres Strait Islander peoples.

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

### **2.4.3 Population-based Priority Setting**

Asthma Australia is currently conducting a statewide consultation on asthma: the Tasmanian Asthma Community Consultation. This is the first step in a new trajectory for asthma support in Tasmania by Asthma Australia, to potentially deliver a network of future Asthma Smart Communities in priority populations where the potential for impact is the greatest.

The Tasmanian Asthma Community Consultation will provide insights into the experience of living with asthma in Tasmania and identify the best opportunities for deeper, more long-term community-based initiatives to tackle asthma. This will allow us to understand local issues and plan collaborative action to reduce the impact of asthma on communities where the unmet needs are highest and where the potential for sustainable impact is greatest. Findings from the project will inform the design of new asthma management programs in Tasmania.

**RECOMMENDATION: Asthma Australia recommends that the findings of the Tasmanian Asthma Community Consultation be considered in the design of future population- and place-based initiatives aimed at addressing asthma in Tasmania**

### **2.4.5 Increase the Dissemination of Preventive Health Information**

Asthma management in communities is influenced not only by individuals with asthma but also their families, community organisations, employers, private health insurers, non-government organisations, schools, industry and other sectors and levels of government across society. Whole-of-system (i.e. systemic) change requires engagement with these stakeholders.





Asthma Australia's work is pivotal in delivering trusted and relevant health information, which aims to improve the quality of life for people living with asthma and reduce the burden of disease on consumers, communities and the healthcare system. In the asthma context, this means giving people reliable information and education resources and tools they need to prevent, control and effectively manage asthma themselves.

Renewed and increased investment from the Tasmanian Government to support Asthma Australia's Asthma Management Program will help people with asthma and their carers manage asthma according to best practice and with evidence-based information.

Asthma Australia has proposed in the 2024 State Budget that it will continue to deliver for Tasmanians with asthma and those who care for them, with an extended scope and reach of our important work to:

- Provide quality asthma management information to consumers, including through 1800 ASTHMA, digital platforms and community level programs
- Provide evidence-based resources, tools and education for all people who encounter asthma, such as family members, carers, GPs and other health professionals and community members
- Design targeted asthma programs collaboratively with priority consumer groups and stakeholders to address specific areas of need and delivered in appropriate formats
- Collaborate with community sector and health organisations in order to maximise outcomes that advance chronic conditions management in Tasmania; and
- Deliver focused education and promotional campaigns to raise the profile and awareness of asthma and its effective management.

**RECOMMENDATION: Asthma Australia recommends that the State Government renew and increase investment in the Tasmanian Asthma Management Program as proposed in our submission to the 2023-2024 State Budget.**

## Action Area 3: Governed with Our Partners to Proactively Meet Demand

### Action 3.2 Partnering with Consumers and Communities

#### 3.2.1 Consolidating our Approach to Consumer Participation

Consumers should be actively involved in setting the direction of, and developing, appropriate person-centred health services. Genuine consumer engagement through the co-design of services throughout the planning process will assist in developing consumer-centric services as well as increasing trust and sustainability.

It is important to include a diversity of consumers, including representatives from the Aboriginal and Torres Strait Islander and CALD communities. Health consumer representative organisations, such as Asthma Australia and their advisory bodies, are also an important voice. Representatives from the diverse range of community-based health programs, collectives, working groups and initiatives in Tasmania can provide rich insights into how health services are delivered and received in community settings.

**RECOMMENDATION: Asthma Australia recommends that consumer-focused peak bodies representing people with chronic conditions, such as Asthma Australia, be included as**



representatives on the Tasmanian Consumer Health Planning Committee, Interagency Working Group and have input into the Consumer and Community Engagement Framework.

### 3.2 Partnering with Clinicians

#### 3.3.2 Statewide Clinical Network

We support the establishment of new Clinical Networks to improve clinical leadership, planning and advice. A Respiratory Clinical Network is necessary to enhance clinical engagement and strengthen consumer participation in designing improvements for asthma care in the health system.

**RECOMMENDATION: Asthma Australia recommends the creation of a Respiratory Clinical Network, which includes consultation with Asthma Australia, for clinical service planning.**

## Action Area 4: Investing in Our Future to Deliver Sustainable and Efficient Services

Asthma Australia welcomes the Government's recognition that health systems have a dual responsibility to reduce their significant carbon footprint and respond to the health outcomes associated with climate change. Climate change is already impacting the health and quality of life of many people with asthma in Tasmania, causing and exacerbating asthma through events such as severe and prolonged bushfires and flooding. The emissions that drive climate change can also trigger asthma symptoms and increase the risk of developing asthma. Asthma exacerbations can lead to emergency department presentations, hospitalisations and even death. Climate change can also negatively affect the mental health of people with asthma.<sup>10</sup>

### Action 4.2.3 – Progressing the Global Green Healthy Hospitals goals

We note that the 10 objectives of the *Global Green and Healthy Hospitals Sustainability Agenda* include addressing energy and building related sustainability and environmental health issues. Both of these are particularly important to people with asthma as air pollutants from sources of energy (gas appliances) as well as substances such as biological agents, building materials, synthetic furnishings, and cleaning products all act as triggers to asthma symptoms and development.

We strongly urge Tasmania to move towards the electrification of all public buildings including healthcare services to reduce indoor asthma triggers. In addition, asthma-healthy buildings should be well sealed to prevent entry of any triggering substances and well-ventilated to reduce indoor triggers. The latter also appropriately prepares healthcare buildings to better manage the effects of respiratory illnesses, such as COVID. To this end, air quality in public building needs to be monitored, reported and filtered and we ask that the Tasmanian Government works with its counterparts across the country to establish an indoor air quality standard to support this work.

**RECOMMENDATION: Asthma Australia recommends that the Tasmanian Government prioritises indoor air quality in the development of healthy public buildings and holistically**



assesses and mitigates factors that contribute to poor air quality in the design, construction and retrofitting of public buildings.

**RECOMMENDATION:** Asthma Australia recommends that the Tasmanian Government works with governments from other jurisdictions to develop indoor air quality standards to underpin the monitoring, reporting and filtering of air quality in public buildings.

## Contact

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## References

- i PHIDU 2019. Asthma Atlas of Australia. Adelaide: PHIDU.
  - ii Public Health Information Development Unit (PHIDU) 2020. Social Health Atlas of Australia. Adelaide: PHIDU.
  - iii Australian Institute of Health and Welfare (AIHW) 2022. Australian Burden of Disease Study 2022. Canberra: AIHW.
  - iv Australian Bureau of Statistics (ABS) 2021. Causes of Death, Australia. Canberra: ABS.
  - v Australian Institute of Health and Welfare (AIHW) 2022, Australian Burden of Disease Study 2022, Australian Institute of Health and Welfare: Canberra: AIHW.
  - vi Australian Government Productivity Commission (AGPC) 2020, Report on Government Services: AGPC.
  - vii Australian National Preventive Health Agency (ANPHA). State of Preventive Health 2013. Report to the Australian Government Minister for Health. Canberra: ANPHA.
  - viii Australian Institute of Health and Welfare (AIHW) 2018. Australia's health 2018. Australia's health series no. 16. AUS 221. Canberra: AIHW.
  - ix Australian Bureau of Statistics (ABS) 2013. Australian Aboriginal and Torres Strait Islander Health Survey: First Results, Australia, 2012–13. ABS cat. no. 4727.0.55.001. Canberra: ABS.
  - x Asthma Australia (2020), Bushfire Smoke Impact Survey 2019-2020. Bushfire Smoke: Are you Coping? Available online: [https://asthma.org.au/wp-content/uploads/Resources/AA6\\_Smoke-Impact-Survey-1920\\_Revised.pdf](https://asthma.org.au/wp-content/uploads/Resources/AA6_Smoke-Impact-Survey-1920_Revised.pdf)
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