



Asthma Australia Australian Capital Territory Pre-Budget Submission 2024- 25

February 2024



Budget Proposals

The Asthma Australia submission focuses on the following funding proposals for consideration in the Australian Capital Territory (ACT) 2024-25 Budget:

Proposal	Investment
1. Program funding for asthma management in the ACT	Fund Asthma Australia \$1,100,000 over three years to deliver services to and improve the lives of people with asthma in the ACT.
2. Contribute funding for Asthma Australia's national AirSmart public education campaign to reduce the health impacts of air pollution	The ACT Government contribute \$293,760 for year one and \$308,000 for year 2 to fund the ACT component of AirSmart.
3. Addressing indoor air quality in people's homes through continuing the ACT Wood Heater Replacement Program and reviewing replacement costs; and supporting people on low incomes and renters to install cleaner and more efficient forms of heating, cooling and cooking in their homes	<p>The current ACT Wood Heater Replacement Program provides a rebate of \$500 to help with the costs of removing a wood heater for homeowners; and \$1,250 for people who hold a concession card. The program should be regularly reviewed to ensure replacement costs are not stopping people from installing efficient and cleaner forms of heating.</p> <p>Introducing financial support for low-income households to replace inefficient methods of household heating and cooking will enable people who are not homeowners to create safer home environments and address environmental impacts. This could be through expanding the Home Energy Support Program and the Sustainable Household Schemes to people on low incomes and in rental properties.</p>
4. Investing in HEPA (high-efficiency particulate absorbing) air purifiers to improve the air quality in the homes of people with asthma on low income	The average cost of an air purifier with a HEPA filter is \$500. As an estimate, annual funding of \$50,000 would provide approximately 100 air purifiers per year.
5. Increasing access to local air quality information	Fund a low-cost air quality sensor pilot program to ensure the ACT community has access to air quality information. Air quality sensors can cost as low as \$200 per sensor and the pilot could engage the community to collect air quality information. Full costs to be determined in consultation with the community and directorates responsible for air quality monitoring.
6. Fund a pilot program for refugees and asylum seekers focusing on asthma and respiratory care to assist the integration of refugees to local primary care services and reduce the burden on acute care services	The ACT Government invest \$100,000 for a one-year pilot



About Asthma Australia

Asthma is a respiratory condition that affects 2.8 million people in Australia¹, with children being the most impacted. Asthma is responsible for at least one Australian death every day, making it a serious health concern. Despite the prevalence of asthma, it is often misunderstood, causing fear and anxiety for those living with the condition.

Asthma Australia has been the leading charity for people with asthma and their communities for over 60 years.

The challenges of climate change, unhealthy air, and health inequity make it more important than ever for people with asthma to have a voice. We search for new and progressive approaches to challenge the status quo. Our work is grounded in evidence and centred on the experiences of people affected by asthma. We believe by listening to those living with asthma, designing solutions with them, and influencing change, people with asthma can live freely, unrestricted by their asthma.

Asthma in the ACT

Impact on the health system and the community

Asthma is a chronic respiratory condition affecting about 11.5% of the population in the ACT, an estimated 51,500 people.² The ACT also has the highest rate of allergic rhinitis in Australia with 29% of the population reporting symptoms of allergic rhinitis in 2017–18 compared to all other states and territories.³

In the ACT in 2022-23 there were over 10,300 Emergency Department (ED) presentations for diseases of the respiratory system, which includes asthma.⁴ ED presentation for asthma costs \$443 on average,⁵ and repeated asthma-related presentations to EDs increased the risk of hospitalisation.⁶ Nationally there are approximately 97,000 ED presentations at public hospitals for asthma, of which 45% were admitted to hospital and less than 1% were classified as non-urgent.⁷ In 2021-22, the ACT had 296 potentially preventable hospitalisations.⁸

Asthma prevalence in Australia is increasing. In 2023 Asthma was the 8th leading contributor to the overall burden of disease in Australia, having risen from 9th place in 2018 and 10th place in 2011. Asthma is the leading cause of total burden of disease in children aged 1–9 years.⁹ 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.

The home environment

The home environment is particularly important for people with asthma and allergies, who are sensitive to substances we all breathe. These substances are referred to as ‘triggers’ because they can trigger asthma or allergy symptoms. Indoor air pollution from heating with gas or wood heaters and using gas cooktops produces a range of pollutants and can worsen indoor air quality, and exposure to mould and dampness can lead to a range of health problems. Exposure to these triggers can cause asthma flare-ups and contribute to the development of asthma.¹⁰

In 2022, Asthma Australia undertook a nationally representative survey of 5,041 people to understand what asthma triggers people are exposed to in their homes, whether they take action to reduce triggers in their homes, and whether any barriers prevent people from addressing triggers. The resulting Homes, Health and Asthma in Australia report found that homes are not healthy places for all Australians, particularly for people with asthma or allergies. One quarter of Australians (24%) are not happy or are unsure about the air quality inside their homes. Among people with asthma and allergies, three in ten reported that their symptoms are worse after spending time in the home.¹¹



Changing weather patterns due to climate change have reinforced the importance of housing in providing protection from cold, heat and other extreme weather events.¹² Governments across Australia in regions that have experienced torrential rain and floods, have recognised the impact of this on people's homes including the increased risk of mould in homes. No amount of mould is considered safe for health¹³ and people with asthma, allergies and other breathing conditions are more at risk from contact with mould.¹⁴

Housing is a key social determinant of health and particularly important for people with asthma as housing conditions influence an individual's asthma symptom control and risk of developing asthma. The type of energy used in homes contributes to the health of the indoor environment. Harmful energy sources include gas and wood, both of which emit harmful pollutants that can trigger asthma symptoms and its development as well as cause other serious health conditions.

Asthma, climate change and air quality

Climate change is inextricably linked with air quality. With asthma affecting around 2.8 million people in Australia, this means people with asthma are one of the largest population groups vulnerable to the risks associated with climate change.

The emissions which contribute to climate change also reduce air quality, which can cause people to develop asthma and trigger symptoms or exacerbations in people with asthma. These adverse impacts on asthma are also caused by a number of threats which are increasing as a result of climate change, including bushfire smoke, ground level ozone and pollen. Reducing emissions will therefore improve air quality in the short and long term.

Many people with asthma recognise they are particularly impacted by the effects of climate change. Asthma Australia surveyed over 12,000 people during the catastrophic 2019–20 bushfires about the impacts they experienced as a result of exposure to bushfire smoke.¹⁵ When asked what the government, Asthma Australia or other organisations could do to reduce the impact of poor air quality on their day-to-day life, more than 1,000 respondents provided open text responses that linked the bushfire smoke crisis with climate change. Common suggestions included taking action to mitigate climate change and supporting individuals and communities to respond to bushfire smoke, for example by providing people with air purifiers and implementing building improvement programs to prevent smoke from entering homes, commercial buildings and schools.

In 2023, Asthma Australia undertook a nationally representative survey involving 2,022 respondents to understand what priorities people in Australia want the Federal Government to address in the National Health and Climate Strategy.¹⁶ Two-thirds of respondents live with asthma or another chronic health condition.

Some of the key findings were:

- 70 per cent of Australians think governments should act to protect people whose health is vulnerable to climate change.
- 91 per cent of people with asthma are worried about the impacts of climate change; 71 per cent of people with asthma are concerned about increased air pollution as a climate change impact; and 69 per cent are concerned about more frequent and severe natural disasters.
- One quarter of people surveyed said climate change has already impacted their health. Among those people, breathing issues were the most common impact (49%) followed by poor mental health (39%) and hay fever (39%).



Wood heaters

Air quality standards are most frequently breached for fine particulate matter (PM2.5), with common sources being wood heaters, bushfires and dust storms.¹⁷ In addition to fine particulate matter, wood heater smoke contains known carcinogens. There is no 'safe' level of air pollution and health impacts can occur even at low levels of pollution.¹⁸

Wood heater smoke is a trigger for asthma symptoms¹⁹ and a risk factor for other respiratory illnesses, certain cancers, cardiovascular disease, premature birth and premature death.²⁰ These health impacts result in substantial economic costs, which have been estimated at \$3,800 per wood heater.²¹ Unlike dust storms and bushfires, pollution from wood heaters can be effectively reduced through well-designed programs to reduce wood heater use.²²

Asthma Australia supports the report from the ACT Office of the Commissioner for Sustainability and the Environment released in March 2023, *Can Canberra 'Burn Right Tonight' or is there 'No Safe Level of Air Pollution'?*, investigating wood heater policy in the ACT. The report found that wood heaters have the greatest impact on air quality in the ACT and highlighted the flawed logic of homes permeable to smoke from bushfires being impermeable to PM2.5 pollution from wood heater smoke. There were several recommendations including to phase out wood heaters from ACT suburbs through the establishment of a target date for the replacement of wood heaters with electric alternatives in all ACT suburbs (excluding rural areas), as has been done for fossil-fuel gas; and that this should be supported through accessible financial support for lower income households.²³

Asthma Australia commends the response from the ACT Government to the report from the ACT Office of the Commissioner for Sustainability and the Environment, including committing to phase out wood heaters due to health and environmental impacts, including asthma risk, and the in-principal agreement to ban the installation of new wood heaters in all ACT suburbs.

Asthma Australia's 2023-24 ACT Pre-Budget Submission called for all new housing developments and individual houses in the ACT to be wood heater free, and we are pleased to see this initiative being implemented. Asthma Australia does believe that the date of 2045 set by the ACT Government for this ban on installation to come into effect is too long a period and that this transition should occur sooner, in line with the ACT Government's announcement to stop gas installation.

ACT Budget Priority Areas

The importance of respiratory health has been highlighted through various recent challenges across Australia including the COVID-19 pandemic and the 2019-20 bushfire crisis, in which 80% of the population was exposed to smoke pollution.²⁴ The volatility of weather patterns across Australia means the likelihood of conditions that will impact people's health, particularly from bush fire smoke, means that investing in measures that improve the safety of people's homes and gives them access to reliable information, will not only assist but save lives.

Addressing air pollution is a strategic priority for Asthma Australia, as even low levels of air pollution area associated with asthma exacerbations and hospitalisations. Certain pollutants can also increase the risk of developing asthma. Ensuring we are addressing asthma risk factors and giving people the tools to make lasting changes to live healthy lives is vital. It is particularly important to ensure people with asthma on low incomes receive the support they need to live in healthy home environments.

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A focus for Asthma Australia is on addressing air pollution given the significant impacts poor air quality has on exacerbating and developing asthma. Air pollution is second only to tobacco use as a cause of death from non-communicable diseases globally, and the United Nations recognises air pollution as



one of five risk factors for noncommunicable diseases, alongside unhealthy diet, tobacco use, harmful use of alcohol and physical inactivity.²⁵ Exposure to environmental hazards (such as poor air quality, bushfires and thunderstorms) is both a risk factor for the development of asthma and a trigger for asthma symptoms in people who have asthma.²⁶

People should be empowered and provided with information to make informed choices about their health when it comes to air quality. This is so they engage in their daily activities understanding and knowing what the air quality conditions are, no matter where in Australia they live.

As climate change progresses and extreme weather events increasingly drive people to seek refuge in their homes, housing conditions and the absence or removal of internal health triggers become ever more important. With the harms of gas energy becoming increasingly well known, it is important that people are guided away from replacing gas heaters with wood heaters, which risks increasing pollution and damaging health. Homes utilising efficient and cleaner forms of energy can help improve both indoor and outdoor air quality and contribute to climate change mitigation. Electrification provides higher energy efficiency and reduced consumer costs than either gas or wood.²⁷

Asthma Australia's AirSmart public education campaign and proposal on air quality monitoring focus on empowering the community to access information about air quality to understand how it impacts their health, while also recognising we must improve the availability of air quality information.

Asthma Australia's 2023-24 Pre-budget Submission places an emphasis on air quality with the increasing recognition of the impacts air quality in all settings has on the health of people with asthma and due to environmental and climate change impacts. We are seeking investment in AirSmart, a public education campaign that aims to provide the information; and tools and strategies people need to minimise or avoid exposure to unhealthy air in their homes, including replacing wood heaters and electrifying homes.

We also seek a commitment from the ACT Government to invest in a one-year pilot program for refugees and asylum seekers focussing on asthma and respiratory care, the purpose of which is to assist the integration of refugees to local primary care services and reduce the burden on acute care services.

Asthma Australia's 2024-25 Budget proposals work to deliver savings for the health system, by addressing ways in which we can improve asthma management and the environment in which people live. This means people living with asthma in the ACT can avoid unnecessary hospital visits, stay healthy and lead active and productive lives.

Noting 2024 is an election year for the ACT, Asthma Australia has a proven track record of delivering services in the community and we look forward to being an ongoing part of health service delivery for people with asthma in the ACT. We also hope to see a continuation of policies and programs that have made the ACT a leader in addressing air quality and climate change, including the phasing out of wood heaters and gas, electrification of homes, and support for people to purchase more efficient means of heating, cooling and cooking. These policies not only address climate change, but dramatically impact the air people breathe in their homes and outdoors, which will improve the lives of people living with asthma in the ACT.



Proposal 1: Program funding for asthma management in the ACT

Asthma Australia has a proven track record of delivering services in the ACT community and we acknowledge the support of successive ACT Government's in funding Asthma Australia and supporting people with asthma.

The funding received by Asthma Australia from the ACT Government has enabled Asthma Australia to deliver a diverse range of programs and activities to improve the health and wellbeing of people with asthma in the ACT including telephone and digital education and support services, online training for healthcare professionals, and tailored supports for communities.

As the leading cause of disease burden in children and the 8th leading cause of disease burden in adults nationally, we need to continue to extend services and supports to more of the over 51,000 people with asthma in the ACT.²⁸

Asthma Australia has invested in understanding the impact of our work to demonstrate the value of these services. From a sample size of 1698 consumers using our services:

- 84% reported they had and adhered to their preventer medication, compared to 48% of the general population of adults with asthma.
- 72% reported they had seen their healthcare professional for a planned asthma review in the last 12 months compared to 60% of the general population of adults with asthma.
- 65% reported they had a flare up requiring medical intervention in the last 12 months compared to 53% of the general population of adults with asthma.

As a condition that can be well managed in most people, the continuing investment in education on self-management is vital to empower people to manage their asthma and reduce the demand on health services.

With additional funding, people with asthma in ACT will be able to benefit from more activity across a greater breadth of services, tailored to the needs of individuals and communities across ACT. This will enable greater reach, deeper engagement, and a more profound and enduring impact upon the health and wellbeing of people with asthma.

Improved asthma management reduces preventable hospital admissions, reduces the cost burden to the health care system, reduces absenteeism and lost productivity, and improves quality of life enabling people to achieve their full potential as contributing citizens. The cost for delivering these services is \$350,000 per annum and \$1,100,000 over three years.

Support effective self-management practices

Despite best practice guidelines recommending that all people with asthma have a written Asthma Action Plan, only around 34% of people with asthma do.²⁹ People with asthma rate their health more poorly than the general population, yet when managed well, people with asthma can lead a full and active life. At least 80% of hospitalisations due to asthma are preventable.³⁰ There is clearly much work to be done in supporting people with asthma to better manage their health.

Asthma Australia's 1800 phone line service is supported by asthma educators who deliver person-centred, evidence-based self-management information and support to the ACT. We are now evolving our support services using a Customer Experience model. This includes developing a more sophisticated multi-channel customised approach utilising telephone, videochat, email, newsletters, SMS and webchat—to encourage deeper ongoing engagement with people with asthma and their carers. By customising the client journey, participants are empowered to be more self-directed and focused on the issues impacting their health. As our system learns patterns and behaviours, future journeys become more customised and the approach to information and support more diverse. This leads to a more cost-effective model of care, with less dependency on direct person contact.



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 (GPs), nurses, pharmacists and allied health professionals. Over the past 3 ½ years 39 health professionals from the ACT have enrolled in the online course, with a consistent rating of close to 95% stating their learning needs were met.

Asthma Australia is seeking support to continue to offer this course to GPs, pharmacists and nurses across the ACT. This is to increase uptake; ensure content is up to date with latest developments in asthma; and build on the base knowledge of those who have undertaken the course. This includes continued promotion of evidence-based guidelines, promotion of emerging practices, and engaging and supporting health care professionals around changes to scope of practice. This also involves identifying and understanding the patient asthma journey and their pain points associated with interactions with health care services to influence person-centred care. Supporting this approach is the ongoing development and distribution of resources, newsletters and asthma updates to health professionals in the ACT via digital and hard copy platforms.

INVESTMENT REQUESTED: The ACT Government fund Asthma Australia \$1,100,000 over three years to deliver services to and improve the lives of people with asthma in ACT.

Table 1: Request for program funding

Program	Funding request
Support Effective Self-Management Practices	\$205,000
Developing the Health Professional workforce	\$75,000
Subtotal	\$280,000
Oncosts and administration	\$70,000
TOTAL year one	\$350,000
TOTAL over three years	\$1,100,000



Proposal 2: Contribute funding for Asthma Australia’s national AirSmart public education campaign to reduce the health impacts of air pollution

AirSmart is a public education campaign and air quality app to raise awareness about air quality and promote the AirSmart app as a source of air quality information. It was developed with the guidance of a panel of environmental and public health experts.

AirSmart fills the need for community education and guidance around air quality which was recognised by the Royal Commission into National Natural Disaster Arrangements and the Final Report of the NSW (New South Wales) Bushfire Inquiry following the 2019–20 bushfires. The impacts of air pollution disproportionately affect the health and wellbeing of people with asthma. 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.

The AirSmart air quality public health campaign and AirSmart have the following aims:

- **The public health campaign** aims to raise community awareness about poor air quality, and how to interpret health advice, so people can protect themselves against exposure to air pollution and the associated 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 AirSmart app** is a consumer tool for accessing local, real-time air quality information and related health advice. Asthma Australia 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 provide consumers with specific daily advice about the most effective protection.

Asthma Australia would like to acknowledge the ACT Government grant towards the public health campaign component of AirSmart, which was conducted over 6 weeks through November 2023 to January 2024. The grant from the ACT Government enabled Asthma Australia to promote AirSmart and the importance of understanding and having access to air quality information to increase control over and improve health, notably for people living with asthma. A series of educational internet videos were promoted and received a significant number of completed views of over 370,000, and there were over 100 downloads of the AirSmart app. It should be noted that there were no significant air quality events in the ACT or surrounding areas during the time of the 2023-24 campaign.

This campaign was a success in gaining interest in air quality impacts and furthering the health promotion aims of AirSmart. It did also demonstrate that there needs to be further work in informing the public about how accessing air quality information, and taking that next step to use technology, can empower them to manage their health and asthma.

The initial AirSmart pilot conducted in 2022 was evaluated and showed strong indications that people want access to local, responsive air quality information and tools. During the pilot period there were over 16,000 app downloads and 23,000 website views in just six weeks, demonstrating that air quality is an important issue.

The creative process behind the AirSmart campaign included consumer research and was guided by environmental, public health and social marketing experts. The campaign included 15 and 30 second television commercials, a radio commercial, social and digital assets, a website, billboards, and an app. What the development process, and the 2022 pilot and 2023-24 6-week campaign have shown, is that a mix of media to promote the campaign and access different audiences is important, including to encourage app downloads.

In the 2024-25 Pre-Budget Submission Asthma Australia is requesting ongoing funding over two years for the maintenance of the AirSmart app and a 10-week advertising campaign in November and



December, peak bushfire season. An evaluation component is included to ensure it continues to meet ACT community needs and to monitor improvements in understanding about environmental health literacy.

INVESTMENT REQUESTED: The ACT Government contribute \$293,760 for year one and \$308,000 for year two to fund the ACT component of AirSmart.

Table 2: Option 1 ACT Government requested contribution to AirSmart including television advertising

Item	Cost
10-week media campaign commencing Nov/Dec	\$180,000
Project management	\$47,960
App maintenance and updates	\$39,800
Evaluation	\$30,000
TOTAL	\$293,760

Cost for year 2 - \$308,000

Table 3: Option 2 ACT Government requested contribution to AirSmart television not included

Item	Cost
10-week media campaign commencing Nov/Dec	\$115,000
Project management	\$38,960
App maintenance and updates	\$39,800
Evaluation	\$20,000
TOTAL	\$213,760

Cost for year 2 - \$224,000



Proposal 3: Addressing indoor air quality in people’s homes through continuing the ACT Wood Heater Replacement Program and reviewing replacement costs; and supporting people on low incomes and renters to install cleaner and more efficient forms of heating, cooling and cooking in their homes.

Asthma Australia commends the response from the ACT Government to the report from the ACT Office of the Commissioner for Sustainability and the Environment, including committing to phase out wood heaters due to health and environmental impacts, including asthma risk, and the in-principal agreement to ban the installation of new wood heaters in all ACT suburbs. Asthma Australia’s 2023-24 ACT Pre-Budget Submission called for all new housing developments and individual houses in the ACT to be wood heater free, and we believe that the date of 2045 set for this ban on installation should come into effect sooner, in line with the ACT Government’s announcement to stop gas installation. This is to address the potential situation of wood heaters being installed in the intervening period.

New wood heater installation and ongoing use hampers the effectiveness and intent of the Wood Heater Replacement Program by continuing the installation of a polluting and inefficient method of heating. Decisive action is required to ensure the ACT community is not being exposed to the ongoing impacts of pollution from wood heaters and that ACT Government action on emissions is not undermined.

We acknowledge changes to the Wood Heater Replacement Program to better support low incomes households, which Asthma Australia also called for in the 2023-24 ACT Pre-Budget Submission. There is an ongoing need for the ACT Wood Heater Replacement Program and we recommend that the costs of replacing wood heaters are regularly reviewed to ensure the cost of replacements are not stopping people from installing efficient and cleaner forms of heating. The costs from continuing to use wood heaters on people’s health and the environment means they have an impact across the ACT community and ACT Government.

Wood heaters contribute to outdoor air pollution and exacerbate asthma in people living in areas where they are used. Wood heaters are not an efficient or clean form of heating. While heating a home is vital in the ACT during the colder months, it should not expose entire neighbourhoods to toxic air pollution. In 2020, Asthma Australia conducted a representative survey of 25,039 people which found that people exposed to wood heater smoke are largely unable to protect themselves against exposure to its impacts. Further, the survey found the majority of people support regulations to reduce the impact of wood heaters, with stronger support among people with asthma.³¹

Improving the appliances people in the ACT use to heat their homes and cook their food will improve air quality and people’s health, as well as reducing greenhouse gas emissions. Cooking with gas is another source of air pollution in homes, with gas cooktops producing a variety of air pollutants, including fine particulate matter, nitrogen dioxide, carbon monoxide, and formaldehyde. Similarly, gas heaters produce a variety of air pollutants, and unflued gas heaters are particularly dangerous because these pollutants remain inside the home rather than being vented outside. The pollutants produced by wood heaters can also worsen indoor air quality. Exposure to the pollutants produced by gas cooktops and gas and wood heaters can trigger asthma flare-ups and contribute to the development of asthma. Cooking with gas is estimated to be responsible for up to 12% of the childhood asthma burden in Australia.³²

In 2022, Asthma Australia undertook a nationally representative survey to look at homes, health and asthma in Australia, which was completed by 5,041 people.³³ The survey asked participants about their current practices and preferences for heating their homes and cooking. The most common type of cooking was gas (48%) followed by electric (41%). Only 6% had an induction cooktop. While the preferred type of cooktop was gas, regardless of their cooktop preference, most people’s preference



is based on cooking preferences, ease of cleaning and affordability. Only 15% of respondents cited their cooktop preference was due to health reasons and 14% noted environmental reasons.

In Asthma Australia's survey, the preferred types of heating were reverse cycle air conditioning and central heating, which are the most efficient options and provide the additional benefit of cooling the air in the warmer months. However, nearly half (43%) of respondents reported they do not currently have their preferred form of heating at home. One in five respondents (22%) regularly use portable electric space heaters, 13% regularly use wood heaters, 8% regularly use flued gas heaters and 7% regularly use unflued gas heaters. For people who do not have their preferred source of heating, the most common barrier to switching is cost (43%), followed by not owning the home (32%).

Improving the appliances people in the ACT use to heat their homes and cook their food will improve air quality and people's health, as well as reducing greenhouse gas emissions. The Home Energy Support Program aims to address home comfort, power costs and environmental impacts by providing financial support to people with chronic conditions such as asthma in low-income households seeking to switch to efficient and electric home heating, cooling and cooking.

As Asthma Australia found from the housing survey, people living in rental properties are unable to make changes to their homes. While we acknowledge that the ACT Government has programs to assist homeowners to improve the energy efficiency and comfort of their homes, including the Home Energy Support Program and Sustainable Household Scheme, there is limited support for people on lower incomes and renters to make changes themselves and placing heavy reliance on rental property owners making changes. We acknowledge there is the requirement for all rental properties in the ACT to meet minimum energy efficiency standards for rental homes by November 2026 and that eligible rental providers can access rebates towards the costs of insulation upgrades.

However, people on low incomes, living with chronic disease and in living situations where they are unable to make changes themselves, are likely to be most impacted by health and cost-of-living issues. They will benefit the most from reduced power bills and improved living conditions in their homes. Improving the appliances people in the ACT use to heat their homes and cook their food will improve air quality and people's health, as well as reducing greenhouse gas emissions.

Introducing financial support for low-income households to replace inefficient methods of household heating and cooking will enable people who are not homeowners to create safer home environments and address environmental impacts. This could be through expanding the Home Energy Support Program and the Sustainable Household Schemes to people on low incomes and in rental properties. There should also be a consideration in ACT Government policy on remediating social housing stock, prioritising people with asthma or other chronic conditions.

We note the NSW Government and Australian Government announced matched funding in January 2024 for energy saving upgrades in social housing properties and access to solar for low-income renters and apartment residents. The ACT has been a leader in household energy efficiency for homeowners and the future focus should be on households who cannot afford or do not have the ability to make the necessary changes to create health and efficient homes.

Investment requested: The current ACT Wood Heater Replacement Program provides a rebate of \$500 to help with the costs of removing a wood heater for homeowners; and \$1,250 for people who hold a concession card. The program should be regularly reviewed to ensure replacement costs are not stopping people from installing efficient and cleaner forms of heating. Introducing financial support for low-income households to replace inefficient methods of household heating and cooking will enable people who are not homeowners to create safer home environments and address environmental impacts. This could be through expanding the Home Energy Support Program and the Sustainable Household Schemes to people on low incomes and in rental properties.



Proposal 4: Investing in HEPA air purifiers to improve the air quality in the homes of people with asthma on low incomes

Climate change is increasing the risk of adverse asthma outcomes through declining air quality caused by the burning of fossil fuels, increased ground level ozone and events such as bushfires and thunderstorm asthma. Reducing the adverse health impacts of air pollution should be a priority issue for climate change adaptation strategies.

Health advice during periods of air pollution includes staying inside with doors and windows closed, however, air pollution can enter buildings. This was a significant issue for people across the ACT during the 2019-20 bushfire smoke crisis.

Air purifiers with HEPA (high-efficiency particulate absorbing) filters can be highly effective in reducing indoor air pollution.³⁴ However, the cost can be prohibitive for many people. The 2022 Asthma Australia survey to looking at homes, health and asthma in Australia found that only 6 out of 10 Australians were confident to make changes to improve the air quality inside their home. Common barriers to acting included purchasing or using equipment being too expensive and many survey respondents noted the additional pressures of living on low incomes and the cost-of-living crisis.

Investing in HEPA air purifiers for people on low incomes with asthma, or other conditions that make them vulnerable to air pollution exposure, would increase access to an effective measure to improve indoor air quality and ensure homes are safe during air pollution events.

Investment requested: The average cost of an air purifier with a HEPA filter is \$500. As an estimate, annual funding of \$50,000 would provide approximately 100 air purifiers per year.



Proposal 5: Increasing access to local air quality information

A key finding from the Federal 2021 State of the Environment report was that better information could reduce the impacts of poor air quality.³⁵ The report recognised that communities need real-time, local air quality information during periods of poor air quality.

The ACT Government's *Bushfire Smoke and Air Quality Strategy 2021–2025* recognises the need to expand air quality monitoring in the ACT, with a specific objective to enhance air quality monitoring and forecasting. This included meeting this objective by investigating the use of low-cost air quality sensors to determine its utility and reliability.³⁶

Local air quality information is essential for people to be able to understand when wood heater emissions reach harmful levels in their neighbourhood. However, because air pollution from wood heaters is highly localised to streets or neighbourhoods, the true extent of wood heater pollution is unlikely to be detected by the three air quality monitoring stations in the ACT.³⁷

Air quality monitoring stations provide highly accurate information, however, they require suitable locations and can be expensive to establish and run. In contrast, low-cost air quality sensors provide air quality data at a good level of accuracy. Additionally, there is more flexibility in placement as the sensors can be affixed to premises such as schools or council buildings. Some sensors require a data connection while others have built in communications.

A trial of low-cost air quality sensor pilot program is an important step towards ensuring ACT residents have access to local air quality information, and in meeting the objectives of the *Bushfire Smoke and Air Quality Strategy 2021–2025*. The proposed trial of low-cost sensors would also increase understanding of how these sensors can be integrated into the existing monitoring networks and how information from the sensors can be shared with the public.

Involving the community in a pilot, including where the sensors can be located, increases the understanding of air quality and health impacts. An example of this is the Breath Melbourne, a citizen science study involving primary school students to measure exposure to air pollution as they commute to school. The study is in inner west Melbourne which had poor air quality and high levels of asthma in children. About 300 primary school children collect air pollution data with backpacks which act as a portable air sensor. The data collected will be used to look at behavioural ways to lower air pollution exposure.³⁸

Air quality sensors can cost as little as \$200 per sensor, meaning that a small investment can have a significant investment not only in recording air quality information, but also in increasing the knowledge in the community and involving them in solutions to address air quality. This information is critical to ensure that people vulnerable to the health impact of air pollution exposure can protect themselves and their families.

Investment requested: Fund a low-cost air quality sensor pilot program to ensure the ACT community has access to air quality information. Air quality sensors can cost as low as \$200 per sensor and the pilot could engage the community to collect air quality information. Full costs to be determined in consultation with the community and directorates responsible for air quality monitoring.



Proposal 6: Fund a pilot program for refugees and asylum seekers focussing on asthma and respiratory care to assist the integration of refugees to local primary care services and reduce the burden on acute care services

Respondents to the Capital Health Network's Needs Assessment Survey found that asthma education is a service gap in the ACT.³⁹ In respect of Culturally and Linguistically Diverse (CALD) communities, literature shows that poor health outcomes in these communities are often related to issues such as different cultural beliefs about health, not being accepted into society, language skills and feelings of discrimination.⁴⁰

The existence of this service gap is consistent with anecdotal reports in the Adelaide PHN-funded Adelaide Integrated Respiratory Response (AIRR) program, which led Asthma Australia to collaborate with Community Access and Services South Australia (CAaSSA). In the 2020–21 financial year, Asthma Australia responded to this service gap by codesigning with community a comprehensive, integrated, community-led program to deliver culturally sensitive asthma basics and health literacy to two CALD community groups.

This program was a partnership with bicultural workers, who together with an Asthma Educator redesigned existing Asthma Australia visual training aids and introduced additional materials into the workshops. A Cultural Communication Specialist guided discussions and development to create content which was more meaningful and accessible to the CALD participants. This included translated information, tools and brochures, as well as training for the bicultural workers in the content that would be delivered during the workshops.

The program achieved 100% attendance and participants expressed feelings of empowerment regarding self-management of their asthma. Participation in the program also led to tangible improvements for participants. For example, an older Vietnamese woman who had asthma her whole life decided to see a respiratory and lung specialist for the first time; and an Arabic speaking father learnt how to observe whether his son was suffering an asthma episode, resulting in him immediately taking his son to the GP.

Through this project, Asthma Australia found that healthcare professionals undertaking cultural capability training, providing a welcoming and respectful workplace and providing access to Interpreter Services are fundamental steps towards addressing the existing gap in health outcomes for people from CALD communities. Asthma Australia subsequently shared these findings with a forum of South Australian healthcare professionals, to highlight the impact of cultural bias on the health of people from CALD communities.

Asthma Australia is seeking funding to replicate in the ACT the success of the work undertaken with CALD communities in South Australia. We will build upon our existing relationship with Companion House (ACT Refugee Medical Service) to deliver this pilot program. In 2021 Asthma Australia collaborated with Companion House on the Leading Healthy Communities Project, providing asthma training to bi-cultural workers from the Arabic, Dari, Spanish, Karen, Dinka, Farsi, and Tamil community groups. This training led to Asthma Australia delivering asthma education sessions with support from the bi-cultural workers, to over 100 refugees from the diverse community groups.

The program will adapt the AIRR model to suit the needs of local refugee and asylum seeker groups, identified by local community organisations that support these groups to help develop a culturally appropriate model for transition of care for people from refugee and asylum seeker communities to community primary health services.

Through Asthma Australia's previous collaboration with Companion House, we have identified that there is a need to support communities who have a limited understanding of asthma, hay fever and how the local health system works and address uncontrolled asthma (often in children) and COPD (Chronic Obstructive Pulmonary Disease). Rather than self-managing their asthma or COPD or visiting



a different GP to deal with symptoms when Companion House services are unavailable, this group often seek emergency care when they unable to access medical services through Companion House. Our work in SA, outlined above, has also identified CALD communities are at risk of developing chronic disease based on their health literacy and the challenges of navigating and interacting with the health system in Australia.

This pilot program will work intensively with up to two GP practices and up to four pharmacies in the northern Canberra area, to be identified by Companion House. Asthma Australia will work with two appropriately trained bicultural workers from Companion House, who have established relationships with the refugee and asylum seeker community taking part in this project, as well as and local health care professionals. Following training in asthma basics, these community connectors will then work several hours a week with consumers who have asthma and their current health care professionals to support transition to local, primary care services.

Two separate planning workshops (using co-design principles) will be held with the representatives from the refugee and asylum seeker community and health care professionals to inform the patient training workshops content and adaptations to current health care professional training. In keeping with the AIRR program concept, staff from all sites and all codesign participants involved in the program will be required to undergo cultural capability training.

It is anticipated that, during this pilot program and based on our consultations with the community, slight changes to the pilot may be made to best suit the community, which will lead to an adaptation of the allocation of the proposed funding. For instance, the community may prefer face-to-face asthma support sessions with a bicultural worker translating, rather than phone sessions.

It is proposed that the pilot program would be evaluated after a year to assess for quality improvements and sustainability. This will inform the adaptation of this pilot for future refugee and asylum seeker cohorts who arrive in the ACT and could be adapted to address other chronic conditions.

Investment Requested: The ACT Government invest \$100,000 for a one-year pilot.



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¹¹ Ibid

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