



Asthma Australia Queensland Pre-Budget Submission 2024-25

April 2024

Budget Proposals

The Asthma Australia submission focuses on the following funding proposals for consideration in the 2024-25 Budget:

Proposal	Investment
1. Contribute funding to a national AirSmart public education campaign to reduce the health impacts of air pollution	The Queensland Government contribute: Option 1: \$1,527,760 (metro and regional) or option 2: \$866,760 (reduced scope) for one year to fund the Queensland component of Asthma Australia's national AirSmart public education campaign to reduce the impacts of poor air quality.
2. Program funding for asthma management in Queensland.	The Queensland Government fund Asthma Australia \$2,646,000 over 3 years to deliver services to and improve the lives of people with asthma in Queensland.
3. Increasing access to local air quality information.	Expand the air quality sensor network to ensure Queensland communities have access to air quality information. Costs to be determined in consultation with agencies responsible for air quality monitoring.
4. Supporting people with asthma on low incomes to install cleaner and more efficient forms of heating, cooling and cooking in their homes	The Queensland Government introduce a financial support program for low-income households to replace inefficient methods of household heating and cooking to address indoor and outdoor air quality.
5: Ensuring new homes are healthy and resilient to climate hazards and extreme weather events	The Queensland Government's program of building new housing and social housing ensures new homes provide healthy indoor environments, including energy efficiency measures, adequate mechanical and natural ventilation and efficient, electric appliances.

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 Queensland

Impact on the health system and the community

Asthma is a chronic respiratory condition affecting 11.4% of the population in Queensland, or approximately 591,700 people.²

Asthma places a significant burden on the hospital system. Nationally in 2022-23 about 97,000 people presented to the Emergency Department of public hospitals for an asthma event, of which 40% were admitted, and less than 1% were triaged as non-urgent.³ On average, an ED presentation for asthma costs \$443,⁴ and repeated asthma-related presentations to EDs increases the risk of hospitalisation.⁵ In 2021-22, Queensland had 6,092 potentially preventable hospitalisations for asthma. This was the second highest, just behind New South Wales and ahead of Victoria which both have substantially larger populations than Queensland.⁶

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.⁷ Asthma can be both caused and exacerbated by conditions related to the warming climate, which means asthma outcomes will likely worsen as climate change impacts increase.

A major concern for Queensland is the number of people with asthma who have died, with a significant increase in the number of deaths in 2022.⁸

There were important variations by jurisdictions, including for Queensland which had increased deaths even compared to before the COVID-19 pandemic. There were 89 deaths in Qld in 2022, representing a 21% increase compared to pre-pandemic (average 2016-2019), and an 82% increase compared to 2021. The death rate in Australia decreased during pandemic measures and was at 0.8 per 100,000 people in Queensland in 2021 (compared to 1.0 for Australia). It rebounded back to pre-pandemic levels in 2022, at 1.3 per 100,000 people for Queensland and Australia in general. For Queensland in 2022, the death rate was a 63% increase compared to 2021.⁹ This is a significant concern to Asthma Australia as asthma deaths and hospitalisations are largely, if not entirely, preventable.

The home environment

The home environment is particularly important for people with asthma and allergies because they are sensitive to substances we all breathe. These substances are referred to as 'triggers' because they can trigger asthma or allergy symptoms. Common triggers in the home include mould, pests such as dust mites, and pollutants produced by heating with gas or wood heaters and using gas cooktops. In addition to causing asthma symptoms and flareups, exposure to certain triggers can increase the risk of developing 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 heat, cold and other climate-driven events.¹² Governments across Australia in regions that have experienced heavy rainfall and flooding have recognised the impacts includes 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 Asthma Australia's housing survey found that despite the majority of people (89%) taking regular action to reduce, prevent or avoid exposure to mould, half the respondents had experienced mould or dampness in the previous 12 months. The survey was conducted during heavy rainfall events in Queensland which may have led to higher awareness and action.¹⁵

Housing is a key social determinant of health as people spend up to 90% of their time indoors, with the majority of that time spent inside the home.¹⁶ Housing is particularly important for people with asthma as certain housing conditions can influence an individual's asthma symptom control and risk of developing asthma. Additionally, the type of energy used in homes contributes to the health of the indoor environment. Gas and wood appliances such as heaters and cooktops emit harmful pollutants associated with a range of poor health outcomes, including asthma symptoms, flareups, and increased risk of developing the condition.

Asthma, climate change and air quality

Climate change is inextricably linked with air quality. 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 heavy rainfall and flooding, bushfire smoke 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.¹⁷ 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.¹⁸ 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%).

Queensland Budget Priority Areas

Asthma Australia acknowledges the ongoing support from successive Queensland Governments for Asthma Australia's work. It is clear from the significant increase in the number of asthma deaths in 2022 in Queensland, that ongoing investment is required and that there is much more work that can be done.

The importance of respiratory health has been highlighted through various recent challenges across Australia including the COVID-19 pandemic, the 2022 floods and the 2019-20 bushfire crisis, in which 80% of the population was exposed to smoke pollution.¹⁹ Climate change-driven conditions that impact people's health are increasing, and investing in measures that improve the safety of people's homes and gives them access to reliable air quality information, will not only assist people but save lives.

Addressing air pollution is a strategic priority for Asthma Australia, as even low levels of air pollution are 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.

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. Homes utilising efficient and cleaner forms of energy can help improve both indoor and outdoor air quality and contribute to climate change mitigation.

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 priority areas for the 2024-25 Queensland Budget will support people living with asthma, their carers and health professionals. Addressing these priority areas will contribute to the systemic changes needed to ensure people with asthma can live healthy lives. The 2024-25 Budget proposals we have identified 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 Queensland can avoid unnecessary hospital visits, stay healthy and lead active and productive lives.

Noting 2024 is an election year for the Queensland, 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 Queensland.

Proposal 1: Contribute funding to a national AirSmart public education campaign to reduce the health impacts of air pollution

There is a gap in Australian public health messaging around the impacts of air pollution which disproportionately affect the health and wellbeing of people with asthma. 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.²⁰ 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 developed with the guidance of a panel of environmental and public health experts, including experts from the University of Sydney and the New South Wales (NSW) Department of Planning and Environment. AirSmart was piloted in communities across southern NSW, ACT (Australian Capital Territory), and regional Victoria over a six-week period in July and August 2022. The evaluation of the pilot demonstrated strong indications that Australians want access to local, responsive air quality information and tools. Strong engagement in the campaign was evident with over 16,000 app downloads and 23,000 website views in just six weeks, suggests that air quality is an important issue for many Australians.

AirSmart includes an air quality public health campaign which raises awareness about air quality and promotes the AirSmart app as a source of air quality information:

- **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 creative process behind the AirSmart campaign included consumer research and was guided by environmental, public health and social marketing experts. The campaign includes 15 and 30 second television commercials, a radio commercial, social and digital assets, a website, billboards, and an app.
- **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 is providing two proposed options for funding. Option 1 is to roll-out across all of Queensland including a 10-week advertising campaign in November and December, peak bushfire season; and option 2 is a 10-week advertising campaign excluding television in November and December.

INVESTMENT REQUESTED: The Queensland Government contribute: Option 1 \$1,527,760 (Metro and regional) and option 2 \$866,760 (Metro and regional excluding television) for one year to fund the Queensland component of Asthma Australia's national AirSmart public education campaign to reduce the impacts of poor air quality.

Table 1: Queensland Government requested contribution to AirSmart – Metro and regional Queensland

Item	Cost
10-week media campaign commencing Nov/Dec	\$1,400,000
Project management	\$57,960
App maintenance and updates	\$39,800
Evaluation	\$30,000
TOTAL	\$1,527,760

Cost for year 2 - \$1,600,000

Table 2: Queensland Government requested contribution to AirSmart – Media excluding television

Item	Cost
10-week media campaign commencing Nov/Dec	\$755,000
Project management	\$51,960
App maintenance and updates	\$39,800
Evaluation	\$20,000
TOTAL	\$866,760

Cost for year 2 - \$910,000

Proposal 2 Program funding for asthma management in Queensland

The funding received by Asthma Australia from the Queensland 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 Queensland including telephone and digital education and support services and online training for healthcare professionals.

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 591,700 people with asthma in Queensland.²¹

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 Queensland will be able to benefit from more activity across a greater range of services, tailored to the needs of individuals and communities across Queensland. This will enable increased reach and engagement, and a more profound impact on 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 \$662,000 per annum and \$2,646,000 (including CPI) 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.²² 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.²³ There is clearly much work to be done in supporting people with asthma to better manage their health.

Currently 20 per cent of callers to Asthma Australia's 1800 phone line service are from Queensland. This phone line is supported by asthma educators who deliver person-centred, evidence-based self-management information and support across the entire state. 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 sustainable 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, nurses, pharmacists and allied health professionals. In Queensland over the past 4 and half years (July 2019 to December 2023), there have been over 700 participants in our ThinkGP training, with a consistent rating of 90% across all measures for learning needs being met.

Asthma Australia is seeking support to continue to offer this course to GPs, pharmacists and nurses across Queensland. 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 in order to influence person-centred care. Supporting this approach is the ongoing development and distribution of resources, newsletters and asthma updates to health professionals in Qld via digital and hard copy platforms.

Engaging with Aboriginal and Torres Strait Islander peoples

Approximately 29% of Aboriginal and Torres Strait Islander people reside in Queensland, the second largest proportion in Australia.²⁴ Of the national population, close to 18% of Aboriginal and Torres Strait Islander people have asthma, which is approximately 6% more than non-Aboriginal and Torres Strait people.²⁵ For Aboriginal and Torres Strait Islander children aged 5-14 years, asthma is the third leading cause of total burden of disease (contributing 8.7% to the total burden).²⁶ Asthma is the leading cause of respiratory disease burden among Aboriginal and Torres Strait Islander people aged under 45 (contributing 80% of respiratory burden).²⁷ Aboriginal and Torres Strait Islander people are almost twice as likely to die from asthma and have poorer outcomes than non-Aboriginal and Torres Strait Islander people.²⁸

Asthma Australia is committed to working with Aboriginal and Torres Strait Islander people, organisations and communities to address health inequity experienced in relation to asthma. Asthma Australia's commitment to working with Aboriginal and Torres Strait Islander people is evidenced by the launch and implementation of our Reflect Reconciliation Action Plan, the imminent commencement of our Innovate Reconciliation Action Plan (August 2024) and the development of a First Nations Asthma Strategy. Our partnership with the Djurali Centre at the Heart Research Institute reinforces our commitment to working with Aboriginal and Torres Strait Islander communities to understand the barriers and enablers to asthma management, using a proven culturally affirming research methodology, and codesigning enduring approaches to improve asthma health outcomes.

Asthma Australia will develop a comprehensive approach that incorporates listening to community, identifying issues and codesigning solutions. We will partner with community and key health stakeholders, including community controlled health services to determine barriers and solutions, then pilot evaluate and refine programs ensuring that cultural safety and respect is prioritised.

In acknowledging that building trust with community and understanding takes time, we propose that the Queensland Government contribute incrementally over three years. In the first year we seek funding to contribute to building our stakeholder and partnership model while we in parallel identify and engage with the people and communities who need our services most. In the second year we seek funding to enter into partnerships with key stakeholders, in particular Aboriginal and Torres Strait Islander Community Controlled Health Organisations in Queensland, to further explore community and service needs and to begin the co-design process in developing solutions. In the third year we seek funding to pilot work with a community in partnership with the relevant Aboriginal and Torres Strait Islander Community Controlled Health Organisation. Included is a comprehensive evaluation process to measure impact and outcomes.

INVESTMENT REQUESTED: The Queensland Government fund Asthma Australia \$2,646,000 over 3 years to deliver services to and improve the lives of people with asthma in Queensland.

Table 3: Request for program funding

Programs	Funding request
Support Effective Self-Management Practices	\$300,000
First Nations Peoples engagement (Year 1 only with increasing funding in years 2 and 3)	\$25,000
Developing the Health Professional workforce	\$205,000
Subtotal	\$530,000
Oncosts and administration	\$132,000
TOTAL year one	\$662,000
TOTAL over three years	\$2,646,000

Proposal 3: Increasing access to local air quality information

A key finding from the Federal Government's 2021 State of the Environment report was that better information could reduce the impact of poor air quality.²⁹ The report recognised that communities need real-time, local air quality information during periods of poor air quality.

However, many communities around Australia do not have access to local air quality information because there are not enough air quality monitoring stations. Regional and rural populations commonly lack local air quality monitoring facilities, which can be particularly problematic during bushfires if people in these communities are disproportionately affected by smoke from nearby fires. However, even in metropolitan areas, air quality monitoring stations span many suburbs, meaning localised peaks of air pollution are neither detected nor reported on.

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.

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.

Responsibility for air quality is shared by the federal and state and territory governments, with states and territories having prime responsibility for monitoring and managing air quality. All governments are required to help maintain and improve air quality and deliver on actions through the National Clean Air Agreement, which includes as one of four strategic approaches:

Better knowledge, education and awareness are essential requirements to inform policy decisions and to help empower communities and individuals to better deal with air pollution. Knowledge, improved through information sharing and research, is critical to plug existing data gaps, identify future trends and help focus efforts in managing air quality, and explore innovative measures to address air pollution. The Agreement's initial work plan also includes a two-year plan for reforms to improve the National Pollutant Inventory.³⁰

The National Clean Air Agreement work plan for 2021-23 includes projects on nationally consistent public air quality information and health advice. This project has a framework agreed by jurisdictions and providing guidance on low-cost sensors measuring air pollution to the public.³¹

The Queensland Government should fund a low-cost air quality sensor pilot program as an important step towards ensuring communities in Queensland have access to air quality information. The proposed pilot program would enable agencies responsible for air quality monitoring and reporting to trial low-cost sensors. It would also increase understanding of how these sensors can be integrated into the existing monitoring networks and how information can be shared with the public. Investing in this type of technology, which is low cost but has a significant impact, is an investment that will deliver a return for the Queensland Budget.

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.

Investing in increasing access to local air quality information would act on the recommendations of the State of the Environment Report, as well as progressing the National Clean Air Agreement work plan. This

information is critical to ensure that people vulnerable to the health impact of air pollution exposure are able to protect themselves and their families.

INVESTMENT REQUESTED: Expand the air quality sensor network to ensure Queensland communities have access to air quality information. Costs to be determined in consultation with agencies responsible for air quality monitoring.

Proposal 4: Supporting people with asthma on low incomes to install cleaner and more efficient forms of heating, cooling and cooking in their homes

Replacing gas cooktops and heaters, and wood heaters, with efficient, electric alternatives in Queensland will reduce ambient air pollution, improve health outcomes, and reduce greenhouse gas emissions. Cooking with gas cooktops produces 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. Wood heaters also produce a range of pollutants, including fine particulate matter, which can worsen indoor air quality, as well as contributing significantly to outdoor air pollution. Exposure to these pollutants can trigger asthma flare-ups and increase the risk of developing asthma. Cooking with gas is estimated to be responsible for up to 12% of the childhood asthma burden in Australia.³² People who rent or live in social housing have limited agency to replace their appliances with efficient, electric alternatives, while people on low incomes may face cost barriers.³³

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.³⁴ 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 7% had an induction cooktop or a combination 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.

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 don't have their preferred source of heating, the most common barrier to switching is cost (43%), followed by not owning the home (32%).

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.³⁵

Investing in measures that enable people to make their homes more energy efficient in the long term, returns on investment to the Budget through lessening the need for ongoing rebates and bill assistance, and makes people's homes healthier places to live. People on low incomes should be prioritised, as was the case with the 2023-24 Budget rebates and assistance with energy bills.

Introducing financial support for low-income households to replace inefficient and polluting methods of household heating and cooking would address health impacts associated with poor indoor and outdoor air quality, assist low-income households to address cost of living pressures and reduce greenhouse gas emissions. As noted, this is particularly important for people in situations where they are unable to make these changes due to cost or not owning their home. The scheme should include owners of rental properties to encourage them to make these replacements.

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 cost-of-living issues. They will also likely benefit the most from reduced power bills and improved living conditions in their homes.

The NSW, Victorian and Tasmanian State Governments have accessed joint funding with the Australian Government to fund programs for low-income households and social housing to improve energy efficiency. The Queensland Government also accessing this joint funding, would enable this investment.



INVESTMENT REQUESTED: The Queensland Government introduce a financial support program for low-income households to replace inefficient methods of household heating and cooking to address indoor and outdoor air quality.

Proposal 5: Ensuring new homes are healthy and resilient to climate hazards and extreme weather events

Climate change is increasing the frequency and levels of outdoor airborne hazards such as bushfire smoke, dust storms, and pollen.³⁶ However, homes in Australia are typically leaky, meaning airborne hazards can easily enter many homes.³⁷ It is also important to ensure homes can be ventilated when outdoor conditions are favourable. Ventilation disperses outdoor pollution that has entered a home and pollution generated indoors; it also prevents aeroallergens such as mould and dust mites.³⁸

Housing standards and modifications need to both improve the airtightness of homes to limit the infiltration of outdoor air pollution and allow adequate ventilation to reduce the growth and accumulation of airborne hazards in the home when ambient air quality is good. The balance between these considerations may vary between regions and it should reflect local conditions and climate change risks.

Homes should also be thermally comfortable, especially during temperature extremes or when sheltering from climate change hazards and need energy efficiency measures that reduce the need for cooling, and appropriate cooling appliances. Replacing gas cooktops and heaters with efficient, electric alternatives in Queensland will reduce ambient air pollution, improve health outcomes, and reduce greenhouse gas emissions.

The Queensland Government's *Homes for Queenslanders* has the stated aim of building 1 million new homes by 2046, including a substantial increase in social housing of 53,500 new social homes. Other aspects include fast tracking updates to local council plans, and housing design standards that simplify approvals and building times. The Queensland Government Climate Action plan includes the built environment. The significant investment in new homes, particularly social housing, provides a welcome opportunity to ensure new homes are climate resilient and healthy for people to live in.

It is critical that the Queensland Government ensure that providing healthy indoor air quality is a part of this program of building new homes. This includes supporting the retrofitting of existing homes, as well as improving housing standards, prioritising people with asthma and others who are highly vulnerable to climate change health impacts.

INVESTMENT REQUESTED: The Queensland Government's program of building new housing and social housing ensures new homes provide healthy indoor environments, including energy efficiency measures, adequate mechanical and natural ventilation and efficient electric appliances.

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- ¹ Australian Bureau of Statistics (2023) National Health Survey: Information on health behaviours, conditions prevalence, and risk factors in Australia, Reference period 2022, [National Health Survey, 2022 | Australian Bureau of Statistics \(abs.gov.au\)](#) (Accessed 4 January 2024)
- ² Ibid
- ³ Australian Institute of Health and Welfare (AIHW) 2023. Emergency department care 2022–23 web report. <https://www.aihw.gov.au/reports-data/myhospitals/sectors/emergency-department-care>. (Emergency department care 2022–23 data tables S4.2 and S4.3)
- ⁴ Independent Hospital Pricing Authority, 2016. *National Hospital Cost Data Collection, Australian Public Hospitals Cost Report, Round 18 (Financial year 2013-14)*.
- ⁵ Giangioppo, S. et al., 2020. 'Emergency department visit count: a practical tool to predict asthma hospitalisation in children', *Journal of Asthma*, vol 57(10).
- ⁶ Australian Institute of Health and Welfare (AIHW) (2023) Admitted patients 2021/22: Australian hospital statistics. Canberra: AIHW, [Admitted patients - Australian Institute of Health and Welfare \(aihw.gov.au\)](#) (Accessed 16 January 2024)
- ⁷ AIHW (2023) *Australian Burden of Disease Study 2023*. Canberra: AIHW. [Australian Burden of Disease Study 2023, Summary - Australian Institute of Health and Welfare \(aihw.gov.au\)](#) (Accessed 9 January 2024)
- ⁸ Australian Bureau of Statistics (2023) Causes of Death, Australia, Statistics on the number of deaths, by sex, selected age groups, and cause of death classified to the International Classification of Diseases (ICD), Reference period 2022, [Causes of Death, Australia, 2022 | Australian Bureau of Statistics \(abs.gov.au\)](#) (accessed 16 January 2024)
- ⁹ Ibid
- ¹⁰ Asthma Australia (2022) Homes, Health and Asthma in Australia: Understanding who is at risk in their home, what actions people take to protect themselves, and the barriers to action. [AA2022_Housing-Survey-Report_full_v4.pdf \(asthma.org.au\)](#)
- ¹¹ Ibid
- ¹² World Health Organisation, 2018. WHO Housing and Health Guidelines. Geneva: World Health Organization. Licence: CC BY-NC-SA 3.0 IGO.
- ¹³ Asthma Australia, 2022. Homes, Health and Asthma in Australia, Understanding who is at risk of asthma or allergies in their home, what actions people take to protect themselves, and the barriers to action.
- ¹⁴ NSW Government, NSW Health, Mould fact sheet, <https://www.health.nsw.gov.au/environment/factsheets/Pages/mould.aspx> (Accessed 13 January 2023)
- ¹⁵ Asthma Australia, 2022. Homes, Health and Asthma in Australia, Understanding who is at risk of asthma or allergies in their home, what actions people take to protect themselves, and the barriers to action.
- ¹⁶ Institute of Medicine. Climate Change, the Indoor Environment, and Health [Internet]. Washington, DC: The National Academies Press; 2011 [cited 2023 Oct 29]. Available from: <https://nap.nationalacademies.org/catalog/13115/climate-change-the-indoor-environment-and-health>
- ¹⁷ Asthma Australia. 2020. Bushfire Smoke Impact Survey.
- ¹⁸ A summary of the results from the Climate and Health Survey can be accessed at [Asthma-Australia-Climate-and-Health-Survey-Key-Findings-August-2023.pdf](#)
- ¹⁹ Royal Commission into Natural Disaster Arrangements Report 28 October 2020, Commonwealth of Australia 2020
- ²⁰ Commonwealth of Australia (2020) Royal Commission into Natural Disaster Arrangements Report, 28 October 2020.
- ²¹ Australian Bureau of Statistics (2023) National Health Survey: Information on health behaviours, conditions prevalence, and risk factors in Australia, Reference period 2022, [National Health Survey, 2022 | Australian Bureau of Statistics \(abs.gov.au\)](#) (Accessed 4 January 2024)
- ²² Australian Institute of Health and Welfare. Asthma [Internet]. Canberra: Australian Institute of Health and Welfare, 2023 [cited 2023 Aug. 17]. Available from: <https://www.aihw.gov.au/reports/chronic-respiratory-conditions/asthma-1>
- ²³ Australian Institute of Health and Welfare 2019. Potentially preventable hospitalisations in Australia by age groups and small geographic areas, 2017–18. 14 Nov 2019 update. Cat. no. HPF 36. Canberra: AIHW.
- ²⁴ Australia: Aboriginal and Torres Strait Islander population summary, Released 1/07/2022, Australian Bureau of Statistics, [Australia: Aboriginal and Torres Strait Islander population summary | Australian Bureau of Statistics \(abs.gov.au\)](#) (Accessed 29 February 2024)
- ²⁵ Asthma Data Tables, Australian Institute of Health and Welfare. Chronic Respiratory Conditions: Asthma. <https://www.aihw.gov.au/reports/chronic-respiratory-conditions/asthma>
- ²⁶ Australian Institute of Health and Welfare. Australian Burden of Disease Study: impact and causes of illness and death in Aboriginal and Torres Strait Islander people 2018. Canberra: AIHW; 2022. <https://www.aihw.gov.au/getmedia/1656f783-5d69-4c39-8521-9b42a59717d6/aihw-bod-32.pdf.aspx?inline=true>
- ²⁷ Ibid
- ²⁸ Australian Institute of Health and Welfare. Asthma [Internet]. Canberra: Australian Institute of Health and Welfare, 2020 [cited 2022 May. 25]. Available from: <https://www.aihw.gov.au/reports/chronic-respiratory-conditions/asthma>
- ²⁹ Australia State of the Environment 2021, https://soe.dcceew.gov.au/?_gl=1*s98wwo*_ga*NjY1NjU1NDYyLjE2Njc4NjgxMjQ.*_ga_1M2TBC9WWS*MTY2Nzg2ODEyMy4xLjEuMTY2Nzg2ODk1OC4wLjAuMA.&_ga=2.122277762.820626621.1667868124-665655462.1667868124 (Accessed 8 November 2022)

³⁰ Australian Government (2015). *National Clean Air Agreement: Towards a clean air future for all Australians*. Commonwealth of Australia.

³¹ Ibid

³² Knibbs, Woldeyohannes, Marks, Cowie, 2018. Damp housing, gas stoves and the burden of childhood asthma in Australia. *MJA*.208(7):299–302.

³³ Asthma Australia, 2022. Position Statement: Climate Change, <https://asthma.org.au/wp-content/uploads/2022/10/AA-CLIMATE-CHANGE-POLICY-POSITION-OCTOBER-2022.pdf> (Accessed 3 January 2023)

³⁴ Asthma Australia, 2022. Homes, Health and Asthma in Australia: Understanding who is at risk in their home, what actions people take to protect themselves, and the barriers to action.

³⁵ Wood, T., Reeve, A., and Suckling, E. (2023). Getting off gas: why, how, and who should pay? Grattan Institute.

³⁶ D’Amato et al, 2014. Climate change and respiratory diseases. *Eur Respir Rev*, 23, 161–169.

<https://doi.org/10.1183/09059180.00001714>.

Intergovernmental Panel on Climate Change, 2021. Regional fact sheet—Australasia (Contribution of Working Group I to the Sixth Assessment Report of the Intergovernmental Panel on Climate Change). Available online:

https://www.ipcc.ch/report/ar6/wg1/downloads/factsheets/IPCC_AR6_WGI_Regional_Fact_Sheet_Australasia.pdf

³⁷ Vardoulakis et al, 2020.

³⁸ Levasseur et al, 2017.