ASTHMA AUSTRALIA

Asthma Australia 2024 Australian Capital Territory (ACT) Election Priorities

Asthma in the ACT and Election Priorities

Asthma is a respiratory condition that affects 2.8 million people in Australia[1], with children being the most impacted. Asthma is the leading cause of total burden of disease in children aged 1–9 years.[2] Asthma affects about 11.5% of the population in the ACT, an estimated 51,500 people.[3] The ACT also has one of the highest rates of allergic rhinitis in Australia.[4]

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. 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 Australia's 2024 ACT Election priorities 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.

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. The ACT has been a leader in addressing air quality and climate change through policies and programs, 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.

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. 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.

AirSmart fills the need for community education and guidance around air quality revealed by the 2019–2020 bushfire smoke crisis and recognised by the Royal Commission into National Natural Disaster Arrangements.[5] 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 ACT Government contribute $600,000 over two years to fund the ACT component of Asthma Australia's national AirSmart public education campaign.

2. Bring forward the phasing out of wood heaters to 2030 and continue the ACT Wood Heater Replacement Program and review replacement costs.

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.

However, the date of 2045 set for phasing out wood heaters should come into effect sooner, in line with the ACT Government's announcement to stop gas installation. New wood heater installation and ongoing use

hampers the effectiveness and intent of ACT Government policy on energy efficiency and the Wood Heater Replacement Program by continuing the installation of a polluting and inefficient method of heating.

There is an ongoing need for the ACT Wood Heater Replacement Program. The costs of replacing wood heaters should be 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.

The ACT Wood Heater Replacement Program should be regularly reviewed to ensure replacement costs are not stopping people from installing efficient and cleaner forms of heating. The date for the phasing out of wood heaters should also be brought forward to 2030.

3. Investing in HEPA (high-efficiency particulate absorbing) air purifiers to improve the air quality in the homes of people with asthma on low income.

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.

Air purifiers with HEPA filters can be highly effective in reducing indoor air pollution.[6] However, the cost can be prohibitive for many people. 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.

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.

4. Increasing access to local air quality information

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.[7] Local air quality information is essential for people to be able to understand when wood heater emissions reach harmful levels in their neighbourhood.

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. 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*.

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.

5. Fund a 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.

Respondents to the Capital Health Network's Needs Assessment Survey found that asthma education is a service gap in the ACT.[8] 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.[9]

Asthma Australia is seeking funding to build upon our existing relationship with Companion House (ACT Refugee Community Organisation and Medical Service) to fund a 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 program will be evaluated to assess for quality improvements and sustainability. This will inform the program for future refugee and asylum seeker cohorts who arrive in the ACT and could be adapted to address other chronic conditions.

The ACT Government invests $100,000 for the program for one year.

Priority 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.[10] 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.

The ACT Government contribute $600,000 over two years to fund the ACT component of Asthma Australia's national AirSmart public education campaign to reduce the impacts of poor air quality.

Priority 2: Bring forward the phasing out of wood heaters to 2030 and continue the ACT Wood Heater Replacement Program and review replacement costs

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.

However, the date of 2045 set for the phasing out of wood heaters 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.

The date for the phasing out of wood heaters should be brought forward to 2030. This aligns with the *2024-2030 The Integrated Energy Plan* and the next steps to address the challenge of electrifying households including exploring potential regulatory interventions to support electrification.[11]

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. 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.

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.[12]

The ACT Wood Heater Replacement Program should be regularly reviewed to ensure replacement costs are not stopping people from installing efficient and cleaner forms of heating. The date for the phasing out of wood heaters should also be brought forward to 2030.

Priority 3: 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.[13] 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.

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.

Priority 4: 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.[14] 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.[15]

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.[16]

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.[17]

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.

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.

Priority 5: Fund a 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.[18] 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.[19]

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. It will build on an existing relationship with Companion House (ACT Refugee Community Organisation and Medical Service) to deliver this 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 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.

The program will be evaluated to assess for quality improvements and sustainability. This will inform the program for future refugee and asylum seeker cohorts who arrive in the ACT and could be adapted to address other chronic conditions.

The ACT Government invest $100,000 for the program for one year.

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