

HEALTHY FUTURES FOR KIDS WITH ASTHMA

Asthma Australia's 2025
election priorities for
better health outcomes
for children with asthma



**ASTHMA
AUSTRALIA**

ACKNOWLEDGEMENT

Asthma Australia acknowledges the Traditional Custodians of the lands on which we work and pay our respect to Elders past and present, including the Aboriginal and Torres Strait Islander peoples within the community.

We recognise and respect the holistic concept of health for First Nations Peoples which embraces physical, social, emotional, cultural, and spiritual wellbeing, for both the individual and the community, and which encompasses the importance of connection to land, water, culture, spirituality and ancestry.

We acknowledge and uphold the intrinsic connections and continuing relationships Aboriginal and Torres Strait Islander peoples have to Country and value the cultural knowledge, strength and resilience in our work to improve the lives of people with asthma.

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ABOUT ASTHMA AUSTRALIA

Asthma is a chronic respiratory condition affecting nearly 2.8 million Australians (10.8%), with children being the most impacted. It can severely restrict breathing, disrupt daily life, and, in extreme cases, lead to life-threatening complications, including respiratory failure. In 2022–23, more than 31,000 people were hospitalised due to asthma—43% of them children. At least one Australian loses their life to asthma every day.

Asthma Australia is the peak body representing people with asthma. Our goal is to halve preventable hospitalisations by 2030. According to the Australian Institute of Health and Welfare (AIHW), 80% of asthma-related hospital admissions could be prevented through quality primary health care and effective community-based prevention.¹

To achieve this, we deliver education and support services for people with asthma, their carers, teachers, and health professionals to improve asthma management and quality of life. We advocate for policy reforms that improve access to health care, optimise asthma treatment, reduce health inequities, and address environmental risk factors like airborne hazards. We also raise funds and drive groundbreaking research to one day cure asthma.

Our work is grounded in evidence and shaped by the voices and lived experiences of those affected by asthma. For more, visit asthma.org.au

ASTHMA: THE MOST COSTLY RESPIRATORY DISEASE FOR PRIMARY HEALTHCARE

Health Expenditure Australia reports that in 2022–23 an estimated \$1.192 billion was spent on the treatment and management of asthma, making it the third most expensive respiratory disease and **40 per cent more expensive than in 2020–21**, when \$852 million was spent on asthma.

Asthma expenditure included:

- \$378 million spent in hospitals;
- \$742 million in primary care, with \$186 million spent on GP services and \$534 million on PBS/ medications, **making asthma the most costly respiratory disease for primary healthcare.**
- \$72 million in referred medical services.¹

A recent study estimated that poorly controlled asthma costs the healthcare system about \$4,600 per person per year.²

1. AIHW, Health system spending on disease and injury in Australia 2022–23 [Internet, cited 2025 Feb], www.aihw.gov.au/reports/health-welfare-expenditure/health-system-spending-on-disease-and-injury-aus
2. Lartey ST, Lung T, Serhal S, et al. Healthcare expenditure and its socio-demographic and clinical predictors in Australians with poorly controlled asthma. PLoS One. 2023 Jan 5;18(1):e0279748. doi: 10.1371/journal.pone.0279748.

HEALTHY FUTURES FOR KIDS WITH ASTHMA

Asthma Australia's \$18.4 million program for children's health

Asthma Australia is proposing an \$18.4 million, three-year program to improve the health and quality of life of Australian children living with asthma.

Nearly 400,000 children under the age of 15 have asthma,² impacting their development, education, and daily life. For over 20 years, asthma has remained one of the leading causes of childhood hospital admissions. Children under 15 are three times more likely than adults to require hospitalisation for asthma.³ In 2022–23, 26,500 children visited an Emergency Department for acute asthma attacks, with half requiring admission.³ According to ABS data, four in ten children miss school due to asthma,⁴ highlighting its widespread impact on learning and wellbeing.

Asthma also occurs at higher rates in children in disadvantaged communities and in communities affected by higher levels of respiratory antagonists such as poor air quality, smoke and substandard housing with greater exposure to mould and dust mites.

[Research](#) from the University of New South Wales (Sept 2024) identifies childhood asthma hotspots, which are largely found in regional and rural communities with greater socioeconomic disadvantage and higher proportions of Aboriginal and Torres Strait Islander peoples.

"The research highlights to policymakers the areas where more resources and more targeted intervention are needed, to reduce the burden of asthma among children, as well as the associated hospital costs and health expenditure."

Lead author of the Childhood Asthma Hotspots Study, Dr Jahid Khan, from UNSW's School of Clinical Medicine

Using 2021 Census data provided by UNSW researchers, Asthma Australia has identified 23 high-prevalence areas—clusters of neighbouring suburbs where childhood asthma rates exceed the national average.

Asthma Australia's **Healthy Futures for Kids with Asthma** program provides targeted, evidence-based interventions—developed with input from children and parents—to support families in 23 high-prevalence asthma clusters.

In addition to targeted interventions in cluster areas, the program includes the establishment of an online National Children's Asthma Hub, a plan to support children in remote communities in the Northern Territory and collaboration with Primary Health Networks and general practice to support post-hospital asthma care in children.

It is a comprehensive and preventive solution aligned with the *National Strategic Framework for Chronic Conditions*, to bridge the gaps between acute care, primary care, and self-management. By keeping children and young people out of hospital and optimising asthma management at home and school, the program will significantly enhance children's lifelong health and wellbeing while reducing the economic, social, and health impacts of asthma.

SUMMARY OF KEY INITIATIVES

1. TARGETED INTERVENTIONS IN 23 ASTHMA CLUSTERS

A cluster is a group of neighbouring suburbs with a high-prevalence of childhood asthma.

- 1.1 Additional resources to support primary health care services through the establishment of six **Children's Asthma Clinics** in cluster areas with the greatest need.
- 1.2 **Asthma Education for Families** for young people, families and carers to improve self-management through free consultations with Asthma Educators, webinars, online training and resources.
- 1.3 **Asthma Smart Schools:** Targeted asthma education and First Aid for teachers and staff in cluster areas.
- 1.4 **Healthier Homes:** Free consultation with Asthma Educators focused on practical and cost-effective ways to reduce asthma triggers at home.

In addition to the focus on asthma clusters, the Healthy Futures for Kids with Asthma program has three other key initiatives:

2. ESTABLISH THE NATIONAL CHILDREN'S ASTHMA HUB

The National Children's Asthma Hub will be a comprehensive online resource centre and helpline designed to empower families and carers, young people, and educators with the tools and support needed to manage asthma effectively. Key features include a Children's Asthma Helpline staffed by Asthma Educators, digital resources platform, a Childhood Asthma Control Test and information to increase uptake of Asthma Action Plans.

3. REMOTE CHILD ASTHMA PROGRAM IN THE NORTHERN TERRITORY

Due to the high burden of asthma among First Nations peoples, a targeted program is essential. The Remote Child Asthma Program NT will empower families through education to improve asthma management at home and in the community. It will also equip Aboriginal and Torres Strait Islander Health Workers and Practitioners with training to deliver culturally safe, community-based asthma care. The program will be implemented in communities in Darwin, East Arnhem, Katherine, Tennant Creek, and Alice Springs.

4. PATHWAYS FROM ACUTE CARE TO PRIMARY CARE

Asthma Australia will work closely with Primary Health Networks to support General Practice capacity for transitional care of children post discharge from hospital following an asthma attack, as well as embedding Asthma Australia services in HealthPathways where appropriate.

AREAS WITH A HIGH PREVALENCE OF CHILDHOOD ASTHMA

Research released in September 2024 by the University of New South Wales has identified childhood asthma hotspots across Australia.⁵ The [study](#) found that these hotspots are predominantly located in regional and rural communities, where socioeconomic disadvantage is greater and there are higher proportions of Aboriginal and Torres Strait Islander peoples.

Based on 2021 Census data, the study analysed asthma prevalence among 4,621,716 children aged 0–14 years, covering 2,321 Statistical Area Level 2s (SA2s) nationwide. The findings revealed an overall childhood asthma prevalence of 6.27%. An SA2 is a medium-sized geographical area defined by the Australian Bureau of Statistics, typically representing a suburb or local catchment area.

Using 2021 Census data provided by UNSW researchers, Asthma Australia identified 23 high-prevalence areas. Within these areas there are clusters of neighbouring suburbs where childhood asthma rates exceed the national average.

To address this, the Healthy Futures for Kids with Asthma program will deliver targeted, evidence-based interventions in these 23 high-prevalence areas. These interventions are grounded in research conducted by Asthma Australia in collaboration with children and young people with asthma, and their parents.

Healthy Futures for Kids with Asthma

Supporting childhood asthma self management

Supporting childhood asthma self management

Excellence in asthma care

Online learning environment

Childhood asthma support service

Children's Asthma Clinics

Asthma continuity of care

Healthforce workforce development

Continuing Professional Development and community

Virtual self-directed learning environment containing child friendly/young person co-designed information, resources, tools and tips including graphics, games and reels

Personalised omnichannel service using integrated SMS/video/telephone/email/app/web-based information and health coaching support

Nurse-led clinics co-located in existing community medical practice, delivering MBS-funded asthma care and social care for children 4-18 with asthma or suspected asthma

Support local implementation of asthma pathways models to ensure seamless care between hospital and community care

Free, online program of adaptive learning, addressing areas where interventions by HCPs could significantly impact patient outcomes

Curation and development of relevant, useful and credible education and resources to support all healthcare professionals engaged in asthma care to drive excellence

23 ASTHMA CLUSTER AREAS

NSW:	Central Coast, Hunter Valley, Newcastle and Lake Macquarie, Port Macquarie, Riverina, Central West
Victoria:	Shepparton, Ballarat, Bendigo, Geelong, Hume
Queensland:	Ipswich, Logan-Beaudesert, Moreton Bay, Maryborough
Tasmania:	Launceston and Northeast, West and Northwest, South East
South Australia:	Barossa - Yorke - Mid North, Adelaide - North, Adelaide - South
ACT:	Belconnen and Tuggeranong



PROGRAM INFORMATION AND COSTINGS OVER THREE YEARS (2025-2028)

1. TARGETED INTERVENTIONS IN 23 ASTHMA CLUSTERS

1.1 Establish Six Children's Asthma Clinics

Asthma Australia will establish six Children's Asthma Clinics to enhance asthma care for children aged 4–18. These clinics will be co-located within primary healthcare settings, providing additional resources while integrating with existing services to ensure connected care.

Each clinic will offer consultations with a Respiratory Nurse Practitioner, covering:

- **Lung function testing** for diagnosis and monitoring
- **Self-management support** to empower families with practical strategies
- **Medication compliance and device technique** to improve treatment effectiveness
- **Adherence to Asthma Action Plans** for better long-term management.

Each clinic will also provide access to asthma education materials, information on local health services, and details on relevant community and government health initiatives.

A clinic will be established in one high-prevalence asthma area in each of the following states and territories: NSW, Victoria, Queensland, Tasmania, South Australia, and the ACT, ensuring targeted support where it is needed most.

Cost: \$7.9 million, not including MBS claims

1.2 Asthma Education for Families

Asthma Australia will equip families with the knowledge and skills to manage childhood asthma effectively, reducing the risk of severe attacks and hospitalisations. By providing clear, practical guidance, this initiative helps children and parents understand asthma, identify triggers, and apply self-management strategies in daily life. Families will gain the confidence to navigate the healthcare system and make informed decisions through:

- Free consultations with Asthma Educators for personalised support
- Webinars on key asthma management topics
- Online training, including Asthma First Aid
- Videos and resources to ensure correct use of asthma devices

This approach will empower families to take control of their child's asthma, leading to better health outcomes and improved quality of life.

Cost: \$2.98 million

1.3 Asthma Smart Schools: Asthma education and First Aid for school staff

Asthma Australia will work intensively with schools in asthma clusters (primary and secondary schools, government and private) to complete the Asthma Smart School program. The program provides free online asthma education and Asthma First Aid courses for school staff. Downloadable resources, asthma emergency kits, and support from Asthma Educators will be available at no cost to the schools to promote and support asthma self-management

Cost: \$1.6 million

1.4 Healthier Homes

Families in the asthma clusters will be offered a free consultation and home audit with an Asthma Educator, followed up by resources relevant to their needs. For example, practical and cost-effective ways to improve the health of the home and reduce asthma triggers, such as dust, mould, cigarette and vape smoke, and poor air quality.

Cost: \$520,000

TOTAL COST OF TARGETED INTERVENTIONS IN 23 ASTHMA CLUSTERS: \$13 MILLION

2. ESTABLISH A NATIONAL CHILDREN'S ASTHMA HUB

The National Children's Asthma Hub is designed to empower families, young people, and educators with the tools and support needed to manage asthma effectively. This initiative combines support services, technology, and accessible resources to improve outcomes for children with asthma across Australia.

Key Features:

2.1 Children's Asthma Helpline: Dedicated helpline, SMS, and web chat staffed by paediatric Asthma Educators, providing personalised advice to children, young people, and parents.

2.2 Asthma Action Plans: Only 67% of children have an Asthma Action Plan.² The Hub will prioritise increasing both the uptake and effective use of these plans to enhance self-management and reduce asthma-related risks.

2.3 Comprehensive Digital Platform: An advanced, automated website personalising the user experience and delivering health journeys. Key features include:

- ◇ **Education Resources:** Easy-to-follow guides and videos on medication, inhaler and spacer techniques, and asthma control scores.
- ◇ **Online Learning Courses:** Free asthma education and First Aid courses for parents and teachers.
- ◇ **Tools for Families:** Downloadable Child Asthma Action Plans and a Child Asthma Control Score to monitor health.

By providing these services in a central location, the National Children's Asthma Hub will improve asthma management for children and families, enhancing health outcomes and fostering greater confidence in navigating asthma care.

COST: \$2.5 MILLION

3. REMOTE CHILD ASTHMA PROGRAM, NORTHERN TERRITORY

Asthma is a leading cause of disease burden among Aboriginal and Torres Strait Islander children, with a prevalence 1.6 times higher than in other Australians.⁵ Limited access to healthcare, low asthma literacy, and environmental triggers contribute to high rates of preventable asthma-related hospitalisations and deaths. Recent coroner reports have highlighted the urgent need for targeted asthma education and management in remote communities.

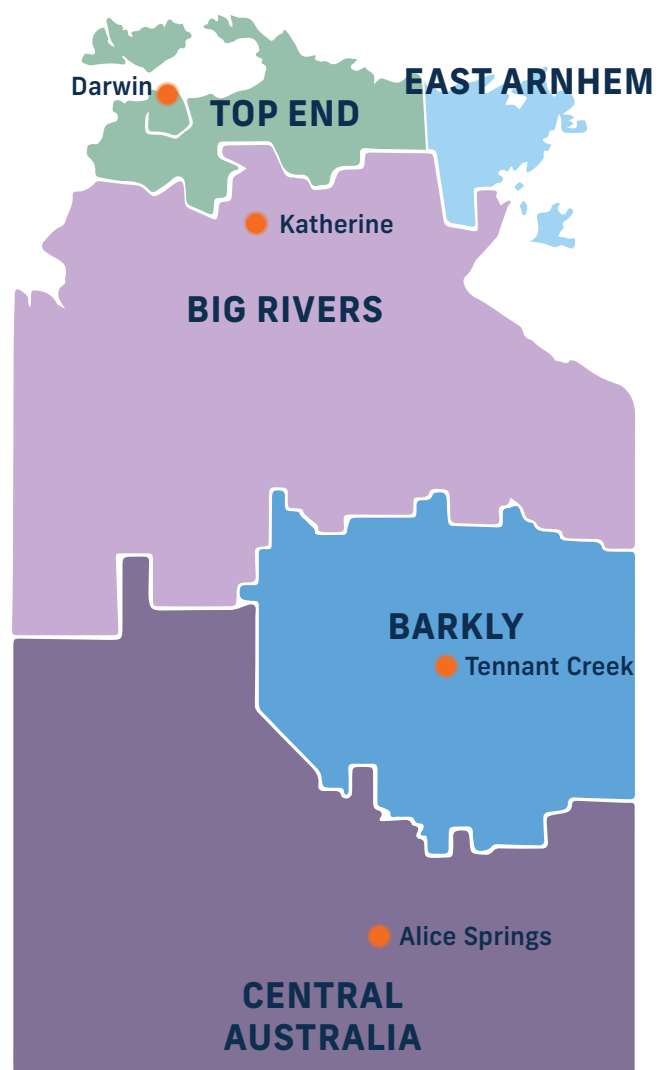
Building on the success of the Remote Asthma Program (RAP) for adults, an extension to focus on children and young people in remote Northern Territory (NT) communities will deliver culturally appropriate asthma education, prevention, and management strategies. Asthma Australia will work in partnership with Asthma Foundation NT to deliver the program in Darwin, East Arnhem, Katherine, Tennant Creek, and Alice Springs.

This program will provide:

- **Capacity Building:** Train and support Aboriginal Health Practitioners (AHPs) in providing child-specific asthma education and care.
- **Community Engagement:** Engage schools, childcares, families and other health professionals to increase asthma awareness and self-management skills.
- **Resource Development:** Create visual and interactive age-appropriate, culturally relevant resources, including storytelling, videos, and pictorial action plans.

Service Model


- **Face-to-Face Training:** AHPs will receive training on childhood asthma, focusing on symptoms, triggers, inhaler techniques, and emergency response.
- **School-Based Workshops:** Asthma education and First Aid delivered in schools, engaging teachers, students, and caregivers.
- **Family-Centred Approach:** Information sessions to empower care givers to manage asthma effectively.
- **Culturally Tailored Resources:** Co-designed tools will ensure accessibility and relevance for diverse communities.



COST: \$1.45 MILLION

4. PATHWAYS FROM ACUTE CARE TO PRIMARY CARE

READMISSION
1 IN 3



children are readmitted to hospital for asthma within 12 months
compared to 1 in 5 a decade ago⁶

PRIMARY CARE UTILISATION
9 GP VISITS



in 12 months prior to admission of children 3-18 in 2017-2018

5 distinct GPs across 4 different practices⁷

The Australian Institute of Health and Welfare (AIHW) states that 80% of asthma-related hospital admissions could be prevented through quality primary health care and effective community-based prevention.¹

Asthma Australia will work closely with Primary Health Networks to support General Practice capacity for transitional care of children post discharge from hospital following an asthma attack, as well as embedding Asthma Australia services in HealthPathways where appropriate.

COST: \$1.1 MILLION

CLINICAL CONSULTANTS, GOVERNANCE AND EVALUATION

We will collaborate with clinicians from a multidisciplinary range of specialties and individuals with lived experience to ensure the program is well-informed and impactful. Governance structures and an evaluation framework measuring impact and effectiveness will be implemented.

Consultation and guidance on the program will be led by Members of Asthma Australia's [Professional Advisory Council](#); Respiratory Physician and Asthma Australia's Medical Advisor, Clinical Professor John Blakey; and Dr. Christopher Pearce who trained in Rural and Remote Medicine and General Practice, and is a clinician in emergency, anaesthetics, and general practice and serves as an Asthma Australia Board Member.

COST: \$350,000

SUMMARY TABLE	COST OVER 3 YEARS
Targeted interventions in 23 Childhood Asthma Cluster Areas <ul style="list-style-type: none"> • Six Children’s Asthma Clinics • Asthma Prevention and Education for Families • Asthma Smart Schools • Healthier Homes 	\$13m
National Children’s Asthma Hub	\$2.5m
Remote Child Asthma Program Northern Territory	\$1.45m
Pathways from Acute Care to Primary Care	\$1.1m
Clinical Consultants, Governance and Evaluation	\$0.35m
TOTAL	\$18.4 million

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7. Homaira N, et al. Impact of integrated care coordination on pediatric asthma hospital presentations. *Front Pediatr.* 2022 10, 929819.
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FACTS AND FIGURES ABOUT CHILDHOOD ASTHMA



ABOUT

386,000

Australians under the age of 15 (8.2%) have asthma^{1,6}
10.1% of boys (1 in 10 boys)
6.2% of girls (1 in 16 girls)

ASTHMA WAS THE LEADING CAUSE

of disease burden in 2023 for children² (aged 1-14 years)

4th leading cause for adolescents and young adults (aged 15-24 years)²



42%

of Australians aged 0-14 with asthma had to take time off school in 2014/15 due to their asthma⁴

HOSPITALS



13,500

children under 15 years of age were hospitalised for asthma in 2022/23³

43%

of all asthma hospitalisations were in children under 15 in 2022/23³



ONLY 2 IN 3

children (67%) had an Asthma Action Plan in 2022¹



ONLY 1 IN 2

children (49%) used asthma medication in the last two weeks in 2022¹



EMERGENCY DEPARTMENT (ED)

ABOUT 26,500

children under 15 visited an ED for asthma in 2021/22⁵



1.6X

Boys under 15 were 1.6 times more likely than girls the same age to go to ED for asthma in 2021/22⁵

1. Australian Bureau of Statistics (ABS). National Health Survey 2022: Asthma [Internet, cited 2024 Sep 9]. www.abs.gov.au/statistics/health/health-conditions-and-risks/asthma/latest-release 2. Australian Institute of Health and Welfare (AIHW). Australian Burden of Disease Study 2023 [Internet, cited 2024 Jan 5]. www.aihw.gov.au/reports/burden-of-disease/australian-burden-of-disease-study-2023 3. AIHW. Principal diagnosis data cubes. Separation statistics by principle diagnosis, 2022-23 [Internet, cited 2024 Jul. 19]. www.aihw.gov.au/reports/hospitals/principal-diagnosis-data-cubes 4. ABS. Health Service Usage and Health Related Actions Australia 2014-15. www.abs.gov.au 5. AIHW. Asthma [Internet, cited 2024 Sep 9]. www.aihw.gov.au/reports/chronic-respiratory-conditions/asthma 6. AIHW. Health of children [Internet, cited 2024 Aug. 30]. www.aihw.gov.au/reports/children-youth/health-of-children





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