20-Year Preventive Health Strategy 2026-46

Asthma Australia Submission
May 2025

ABOUT ASTHMA and ASTHMA AUSTRALIA

Asthma is a respiratory condition that affects nearly 2.8 million Australians, with children being highly impacted. On average, Asthma is responsible for at least one Australian death every day, making it a serious health concern. Over 31,000 people were hospitalised due to asthma in 2022-23, yet 91% of these hospitalisations were considered potentially avoidable. 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's Impact on the health system and Tasmanians

Asthma represents a significant burden to individuals, government, and the broader Tasmanian community.

- Asthma in Tasmania has the second highest prevalence of any state or territory in Australia and is higher than the national average of 10.8%.[1]
- Asthma is the fourth most common chronic diseases in Tasmania, affecting 71,100 Tasmanians, or more than one in eight people - 12.7%.[2]
- 23% of visits to the doctor in Tasmania were for asthma in 2019, making it one of the top four most common conditions leading to a GP visit.[3]
- Asthma was responsible for 18 deaths in Tasmania in 2023.[4]

The Epidemiology Unit in the Tasmanian Department of Health provided Asthma Australia with the following data on the prevalence of asthma in Tasmania from 2015 to 2019[5]:

- The burden of asthma is greatest for children aged 5-9 and in Tasmania, with the highest number of children presenting to hospital at the North-West Regional Hospital.
- Hospitalisations in public hospitals in Tasmania doubled from 586 in 2015 to 1,149 in 2018, then fell marginally to 1,083 in 2019
- Hospitalisations were spread evenly between the Royal Hobart Hospital and the Launceston General Hospital with 1,878 and 1,875 hospitalisations respectively. This was followed by the North West Regional Hospital (435) and the Mersey Community Hospital (209)
- In 2019, readmission rates to the same hospital within one year following treatment were highest in the North West Regional Hospital at 23.5%, followed by the Royal Hobart Hospital at 20.6%; Launceston had the highest number of preventable hospitalisations in this period.

The case for urgent action on asthma in Tasmania

New research shows regional Australia is disproportionately affected by childhood asthma.[6] A 2024 study mapped childhood asthma census data against small geographical areas provided by Census 2021 the Australian Bureau of Statistics.

The majority of the hot spots, more than 60%, were in socio economically disadvantaged areas. The average rate of childhood asthma in each area was 6.27%,

- Of the top 20 hotspots, there are **three** Tasmanian neighbourhoods in the top five and **seven** in total out of the 20.

The case for action on asthma in Tasmania is clear.

Asthma Australia is seeking Federal support for our *Healthy Futures for Kids with Asthma* program, to deliver comprehensive support that will significantly enhance children's lifelong health and wellbeing while reducing the economic, social and health impacts of asthma. The program features targeted interventions in 23 asthma clusters – including Tasmanian clusters.

PREVENTIVE HEALTH STRATEGY GENERAL COMMENTS

Asthma Australia supports the vision outlined in the *20-Year Preventive Health Strategy Discussion Paper* to improve the health of all Tasmanians at all stages of life.

Focusing on preventive health is an important response to Tasmania's increasing healthcare needs and is a critical element of addressing the health disparities faced by disadvantaged and vulnerable population groups. Resourcing must be targeted to those groups and areas with the greatest need to achieve the aims of creating greater gain for Tasmanians. Short-term project grants dominate funding models currently, rather than investment into longer-term structural reforms which could have greater impacts. Sustained investment in preventive health is required to realise significant gains.

Targeted investments in evidence-based preventive health interventions, including measures to increase the uptake of best practice to bridge the gap between research-based knowledge and practice, will help address upstream factors to create environments for sustainable change.

To develop a comprehensive long-term approach to evaluation and monitoring of successful interventions and cost-effectiveness to track the impact of preventive health measures, key actions should include:

- Appropriately and adequately resourcing the Strategy to enable effective implementation, including monitoring and reporting outcomes against baseline measures
- Increasing expenditure on preventive health in Tasmania, sustained investment to realise gains and a rebalancing of health expenditure from treatment to prevention with a target of 5% of health expenditure for prevention and public health measures
- Allocating resources in ways that promote equity including distribution of resources to groups and areas with greater needs
- Targeting investments in evidence-based preventive health interventions across the continuum of direct to individuals and upstream strategies
- Monitoring outcomes of spending on prevention

The Tasmanian Government has identified chronic conditions as one of the main challenges to the Tasmanian health system in its *Our Healthcare Future: Advancing Tasmania's Health* (*Exposure Draft*). Asthma Australia's vision for Tasmania is in strong alignment with this agenda for healthcare reform. It brings together our responses to the Our *Healthcare Future Immediate Actions and Consultation Paper*, the Exp*osure Draft—Our Healthcare Future: Advancing Tasmania's Health*, the *Statewide Discharge Draft Framework Consultation*, the *Long-Term Plan for Healthcare 2040* and to the *Issues Paper—Establishing a Statewide Clinical Senate*.

The Tasmanian *20-Year Preventive Health Strategy Discussion Paper* provides a generational opportunity to change the trajectory of asthma in Tasmania and ensure that asthma receives the attention and priority needed, to improve the lives of the 71,000 people with asthma as well as to significantly reduce the burden on the Tasmanian health system.

We strongly support and welcome a *20-Year Preventive Health Strategy*, and its acknowledgement of the complexities that contribute to poor health, including asthma, such as the social, cultural, environmental, technological, commercial determinants of health (the non-medical variables that influence health outcomes).

RESPONSE TO THE PREVENTIVE HEALTH STRATEGY 2026-2046

FOCUS AREA 1. CREATE AND STRENGTHEN SAFE AND HEALTHY FOOD ENVIRONMENTS

Asthma Australia supports the suggested actions under Focus Area 1. People with asthma are supported to eat healthily as part of their asthma management. Alongside many other chronic conditions, living with obesity is significantly associated with the development of asthma, worsening asthma symptoms and poor asthma control.[7]

FOCUS AREA 2. REDUCE AND ELIMINATE EXPOSURE TO HARMFUL PRODUCTS AND BEHAVIOURS

Asthma Australia welcomes the proposed actions under this focus area. We particularly welcome the actions on smoking and to reduce e-cigarette use. The use of e-cigarettes is known to have short term, detrimental health impacts; including addiction; intentional and unintentional poisoning; acute nicotine toxicity, including seizures; burns and injuries; respiratory and cardiovascular diseases, lung injury; indoor air pollution; environmental waste and fires; dual use with cigarette smoking; and increased smoking uptake in non-smokers.

FOCUS AREA 3. IMPROVE OUR ENVIRONMENTS FOR HEALTH AND WELLBEING

Asthma Australia strongly welcomes this focus area and the conditions that are recognised as needed to ensure good health in the Discussion Paper. Our additional comments under this Focus Areas include attention to the following:

CLEAN INDOOR AND OUTDOOR AIR

Poor indoor air quality can detrimentally affect a range of health conditions, including asthma, other chronic respiratory conditions, acute respiratory infections and cardiovascular conditions.[8] The quality of indoor air is particularly important as people spend more than 90% of their time indoors, mostly inside their homes.[9]

The United Nations recognised air pollution as one of the 5 risk factors for non-communicable diseases in 2018, alongside unhealthy diet, tobacco use, harmful use of alcohol and physical inactivity. Climate change and extreme weather events, such as thunderstorm asthma, dust storms and bushfires, are increasing Australians' exposure to air pollution.

Air pollution (poor air quality) is linked to cancer, stroke, and heart disease, diabetes, obesity and changes linked to dementia. Air pollution is associated with the development and worsening of asthma in both children and adults, and an increase in respiratory hospitalisations for children. Long-term exposure to air pollution increases the risk of morbidity and mortality from asthma.

We also know that:

- Air pollution is linked to premature deaths. An Australian study on the health effects of air pollution in Brisbane, Melbourne, Perth and Sydney in 2005 found a 10 mg/m^3 elevation in PM2.5 concentration was associated with a 1% increase in the daily total number of deaths. In 2004, Australian government scientists estimated that 2,400 of the 140,000 Australian deaths each year were linked to air quality – a number they say would be much greater if the long-term effects of air pollution on cancer were included.

- Air pollution is harmful to everyone. However, the most vulnerable suffer the most harm, including people living in low socioeconomic areas, which often have higher levels of air pollution, or those who are more vulnerable because of their age. Children and young adults with asthma are more at risk from the effects of pollution because they have faster breathing rates, and their lungs are still developing.

- Air pollution plays a key role in the process of climate change, which places our food, air and water supplies at risk, and poses a major threat to our health.

- Air pollution has a significant economic impact. In one NSW study, the health costs of air pollution in the Greater Sydney Metropolitan Region were conservatively estimated to be between $1.01 billion and $8.40 billion per annum. The costs for the whole of Australia will be much higher.

- Poor air quality amplifies other social determinants of health. People in low socioeconomic areas are more likely to be exposed to mould as well as air pollution from sources including coal fired power stations and pollutions from manufacturing.

Addressing poor air quality requires a whole-of-government approach to preventive health, as committed to in the Consultation Paper. The necessary interventions span sectors and levels of government and the multifaceted approach needed to address this risk factor would be boosted by recognition in the Strategy.

Asthma Australia has a comprehensive *Housing and Asthma Policy Position Statement* which could be used to inform the *20-Year Preventive Health Strategy*.

- **Bushfires**

Bushfires are a serious risk to health and wellbeing in Australia, particularly for people with asthma.[i] This risk was realised at an unprecedented scale in 2019-20 when bushfires around Australia led to widespread loss of life, habitat, and property, and exposed 80% of the population to smoke pollution.[ii] Bushfires are a significant concern for many people with asthma as the smoke produced can trigger asthma symptoms, flare-ups, hospitalisations, and even death.[iii] The 2019-20 bushfires revealed Australian governments were largely unprepared to respond to a crisis of this scale, including to the impacts on health and wellbeing. As climate change extends bushfire seasons and increases the frequency, duration, and intensity of bushfires,[iv] the urgency of government action escalates.

Asthma Australia has a comprehensive *Bushfire Smoke and Asthma Policy Position Statement* which could be used to inform the *20-Year Preventive Health Strategy*.

- **Wood heaters**

Wood heaters are an inefficient and, for most users, expensive form of heating.[10] Wood heater smoke contains harmful pollutants including fine particulate matter and known carcinogens, with smoke polluting indoor air and the local neighbourhood.[11] Wood heater smoke can trigger asthma symptoms and flare-ups[12] and is also a risk factor for other respiratory illnesses, certain cancers, cardiovascular disease, premature birth and premature death.[13] Each wood heater is estimated to cause more than $4,000 in annual health costs.

Wood heater smoke is the largest source of winter air pollution in Tasmania.[14] Wood heater use is higher in cooler jurisdictions, with 13% of people in Tasmania reporting they use a wood heater as their main source of heating, compared to 7% nationally.[15] Wood heater smoke has been recognised as a significant health issue in Tasmania with evidence from the University of Tasmania finding that more people die from wood heater smoke than bushfire smoke.[16] Wood heaters are not an efficient or clean form of heating with wood heater smoke containing harmful pollutants including fine particulate matter (PM2.5) and known carcinogens.

There is no 'safe' level of air pollution and health impacts can occur even at low levels of pollution, well below air pollution standards.[17] Wood heater smoke is a serious risk factor for asthma, both in terms of developing asthma and triggering symptoms in people who already have asthma.[18] It is also a risk factor for other respiratory illnesses, certain cancers, cardiovascular disease, premature birth and premature death.[19] These health impacts result in substantial economic costs, which have been estimated annually in excess of $3,800 per wood heater.[20]

In Tasmania alone, the average yearly health cost of wood heater smoke is an estimated $293 million (compared to $16 million for landscape fire smoke).[21] In 2020, Asthma Australia commissioned a representative survey of 25,039 people, which found that people exposed to wood heater smoke are largely unable to protect themselves against its impacts.[22] Further, the survey found the majority of people support regulation to reduce the impact of wood heaters, with stronger support among people with asthma.

Reducing wood heaters in Launceston To tackle the impact of wood heater smoke on air quality driven by the rising popularity of wood heaters, Tasmania has previously had notable success in reducing the number of wood heaters and their related emissions. In 2001, Launceston became the focus of strategies aiming to reduce wood heater pollution. At the time, two-thirds of households in Launceston had a wood heater.

Following a program of interventions, which included a buyback scheme, wood heater prevalence had been reduced to 30% by 2004. Researchers studying the impact of these interventions measured air pollution before and after them to find a significant decrease in annual coarse

particulate matter (PM10) pollution and an even greater decrease in winter air pollution levels.[23] This was associated with a reduction in cardiovascular and respiratory mortality for males during winter months.

Asthma Australia has a comprehensive *Woodheaters and Asthma Policy Position Statement* which could be used to inform the *20-Year Preventive Health Strategy*.

- **Gas**

Cooking with gas is a significant source of household air pollution. Gas cooktops produce a variety of air pollutants, including fine particulate matter, nitrogen dioxide, carbon monoxide, and formaldehyde. Similarly, gas heaters produce a variety of harmful air pollutants, and flueless gas heaters are particularly dangerous because these pollutants remain inside the home. Exposure to the pollutants produced by gas cooktops and heaters can trigger asthma flare-ups and contribute to the development of asthma. Cooking with gas is estimated to be responsible for up to 12% of the childhood asthma burden in Australia.[24] Research by Sweltering Cities has found that combining thermal upgrades with electrifying hot water and cooking appliances can save households up to $2,200 a year off their energy bills.[25]

Transitioning away from gas appliances in Tasmanian homes to efficient, electric appliances will improve air quality and people's health, as well as reduce greenhouse gas emissions. However, people on low incomes, will need financial support to transition away from gas. People who rent their homes from private owners or social housing providers will also need support to transition from gas appliances to healthier forms of heating and cooling. Supporting home electrification will provide additional benefits through reducing power bills and lowering greenhouse gas emissions.

A STABLE CLIMATE

Asthma is a chronic health condition that is heavily influenced by environmental conditions: it can be both caused and exacerbated by exposure to environmental triggers. Asthma is deeply linked with climate change; an adverse feedback loop exists in which the emissions that cause climate change increase the risk of developing asthma and trigger asthma symptoms in people with asthma, which in turn increases the need for healthcare utilisation, generating additional emissions. At the same time, climate change-driven events and conditions further increase the risk of developing asthma and trigger symptoms, continuing the adverse feedback loop.

Reducing greenhouse gas emissions is critical to meeting its climate change policies and strategies. For people with asthma and other people with chronic health conditions in particular, the urgent reduction of greenhouse gas emissions is also critical to minimise the adverse health impacts of climate change that disproportionately affect them.[26] For example, climate change is increasing the frequency, duration, and levels of outdoor airborne hazards such as bushfire smoke, dust storms, thunderstorm asthma, pollen and ground level ozone.[27]

Asthma Australia has a comprehensive *Climate Change Policy Position Statement* which could be used to inform the *20-Year Preventive Health Strategy*.

HEALTHY AND SAFE HOUSING AND WORKPLACES

Housing is an important determinant of health. More than 90% of our time is spent indoors, mostly inside homes.[28] Homes should provide residents with safe and secure spaces that support their health and wellbeing by providing shelter, sufficient space, healthy indoor air quality, thermal comfort and affordable, efficient, and healthy energy sources. Additionally, homes should be affordable and provide a sense of belonging, security, and privacy.

Certain housing conditions can increase the risk of developing asthma and, in people with asthma, trigger symptoms and cause flare-ups . For example, hot and cold temperatures can trigger asthma, while indoor airborne hazards such as gas cooktop emissions and mould can contribute to the development of asthma and trigger symptoms. Housing conditions associated with asthma can cause other health problems: for example, cold homes contribute to increased sickness and death from cardiovascular illnesses in winter. This means a healthy home environment is not only important for asthma prevention and management but also supports broader health and wellbeing.

However, many homes do not provide healthy indoor environments. Asthma Australia's research has found almost one-third of people with asthma or allergies report experiencing worse symptoms after spending time in their homes.[29] People living in private rental and social housing, and homeowners on low incomes, are more likely to report barriers to making the changes to their homes needed to support good health, such as cost and not owning the home.[30] These issues are compounded by the housing shortage, competitive housing market, and high cost of living. Finding alternative housing can be difficult, and renters may be reluctant to ask the owner of their home to make improvements because they are afraid of rent increases or non-renewal of their lease.[31]

Housing is a key determinant of health and wellbeing for First Nations people, and housing-related health outcomes intersect with a range of cultural determinants of health.[32] The proportion of First Nations people living in poor quality housing is unacceptably high, particularly in remote areas,[33] contributing to health inequities that include higher asthma prevalence and mortality.[34] Policies and programs to improve housing and health among First Nations people should be prioritised, co-designed by First Nations people, and implemented in culturally respectful and affirming ways.

The importance of housing is increasing as climate change causes hazards that require people to shelter in their homes. Climate adaptation policy should therefore focus on improving housing conditions, particularly for people with asthma who are highly vulnerable to climate change impacts.

- **A holistic approach to a healthy home**

Asthma Australia supports holistic approaches to improving the conditions of new and existing housing. Policies and programs should consider the housing features needed to reduce asthma risk and support broader health and wellbeing.

These considerations should be integrated with established healthy housing principles and inform both standards for new homes and programs to retrofit existing homes. Undertaking improvements across the housing supply is likely to support a range of health outcomes associated with housing conditions, in addition to asthma. These considerations are particularly important in climate change housing adaptation, which must ensure homes provide a healthy living environment and avoid adverse consequences. Housing adaptation must also be locally responsive, responding to relevant climate change risks and prioritising the needs of local communities.

Asthma Australia has a comprehensive *Homes, Health and Asthma in Australia* report, which could be used to inform the *20-Year Preventive Health Strategy*.

FOCUS AREA 4. STRENGTHEN PREVENTION ACROSS THE LIFE COURSE

CHILDREN AND FAMILIES

Asthma is a chronic condition that disproportionately affects children and has a substantial impact on a child's overall quality of life. According to Australian Institute of Health and Welfare data, asthma was the leading cause of disease burden among children aged 5-14 in 2017-18.

Asthma can require considerable medical attention as well as trial and error due to the difficulty of definitive diagnosis. It can affect physical, social and emotional development, schooling attendance and education outcomes. There may also be an impact on family life, parental health and employment if time off work is needed for caring responsibilities, with a potential flow on effect for household finance, illustrating the inter-relationship of health with other domains of wellbeing.

Asthma Australia strongly supports the Strategy's recognition of the importance of healthy development in the early years. Asthma is one of the most common reasons that children visit doctors, go to the hospital or miss days at school and around one in 10 children have asthma in Australia.[35] While the exact reason behind the development of asthma is unknown,[36] researchers have found that it can run in families,[37] as well be linked to many other factors relating to:

- Maternal exposures during pregnancy (e.g., smoking,[38] a high maternal pregestational body mass index and traffic-related air pollution during pregnancy[39])
- Birth (e.g., premature births, low birth weights and caesareans[40])
- Reduced exposure to diversity of beneficial, environmental and human micro-organisms due to modern day living (e.g., cleanliness, chemical exposure, antibiotics use, nutrition and reduced biodiversity[41])
- Environmental exposure to air pollution (e.g., bushfires, mould and second-hand cigarette smoke[42,43])
- Adverse childhood experiences resulting in toxic stress in the first 1,000 days changing the body's stress response[44]
- Lower socio-economic background[45]
- Homelessness[46]

In addition, children's lungs are not fully developed until they are three years old and infants have much smaller airways, meaning any swelling of the lining and/or tightening of the airways, or increased amounts of mucus, can make breathing extremely difficult.

Asthma Australia strongly supports the design and delivery of earlier and better supports for children and families during the first 1,000 day period in relation to their healthy development. The first 1,000 days covers the period of development from their conception until children are 2 years old, so must include services and interventions targeting people during their pregnancy or those who are trying to conceive.

- **Health literacy**

We recommend that this action should specifically include improving parents' and carers' health literacy in relation to asthma, awareness of factors affecting asthma development and triggering asthma symptoms, and skills in relation to managing asthma and administering asthma first aid. Asthma is a complex condition and its management and the many medicines that support its control mean that families require significant education and support to ensure medication adherence, correct inhaler technique, appropriate risk reduction, understanding of asthma triggers and management of asthma alongside other conditions.[47]

- **The healthcare professional workforce**

The knowledge and skillset of the maternal and child health workforce and primary health workforce are integral to improving the knowledge and skills of parents and carers of children with asthma. However, there is evidence of health professional non-adherence to the Australian Asthma Guidelines in relation to asthma.[48] For example, written Asthma Action Plans (AAPs) are one of the most effective interventions for achieving good asthma control, yet too few people with asthma have them.[49] Nationally, 53.7% of children with asthma aged 0-14 years old have a written AAP, while 44% of the 17,000 children hospitalised for asthma in 2017/8 did not have a written AAP.[50,51] Australian data also shows that less than 20% of patients are being dispensed enough of inhaled corticosteroids alone or via combination preventer inhalers to be taking their treatment in accordance with guidelines.[52] This means a significant proportion of children and adults with asthma are not getting therapeutic benefit from their medicine and instead risk symptom escalation and/or may inappropriately rely on reliever medicine, the use of oral corticosteroids and/or emergency healthcare services to manage their asthma all to the detriment of their quality of life.[53]

Healthcare professionals play a vital role in asthma management and ongoing care. We recognise the complexity of the role of a healthcare professional within the time- and resource-challenged environment, and that simply pushing more information, guidelines, and demands is not an effective way to drive behaviour change.

The Challenges in Primary Care for Asthma Management

1. **Australian data shows that less than 20% of consumers are being dispensed preventer medicine at a rate consistent with therapeutic use**.[54] Regular inhaled preventer medication is critical to effective asthma care for most consumers. It reduces the risk of asthma attacks and the need for emergency care and improves overall health and quality of life.[55] Consumers need more education on the importance of preventers to control their asthma and support overall health and wellbeing.

2. **Up to 90% of people with asthma do not use their inhaler correctly, delivering little to none of the medicine to their lungs**.[56] Inhaled asthma medicines are only effective if administered correctly yet inhaler devices can be challenging to use and technique requires instruction and regular review. This high margin for error in administration can be overlooked by healthcare professionals, many of whom do not know how to teach correct inhaler device technique.[57]

3. **There is an over-reliance on asthma reliever medicine to the detriment of consumers' health.** Reliance on short-acting reliever therapy (short-acting beta-agonists, SABAs) is common among people with asthma. While relievers can be an important medicine to temporarily relieve asthma symptoms and to help gain control of asthma for many people with asthma, their overuse increases the risk of asthma attacks, and is a risk factor for asthma-related hospitalisations and deaths.[58] Evidence suggests that using three SABA inhalers a year increases flare-ups, and six increases the risk of death.[59]

4. **There is an overreliance on oral corticosteroids (OCS) in asthma care**. OCS are the cornerstone of managing acute asthma attacks until symptom control has been regained, although some people require OCS daily to maintain control of severe asthma. While OCS provide fast-acting relief of asthma symptoms, they can have serious adverse health effects,[60] the most damaging of which can be developed only after a cumulative lifetime dose of 1000 mg prednisolone-equivalent.[61] Significant caution should be taken when prescribing and using OCS, yet Australian dispensing data demonstrates overuse of and overreliance on OCS for asthma management.[62]

5. **Only 28% of people with asthma have a written asthma action plan**.[63] An asthma action plan is one of the most effective interventions to support people with asthma by guiding their actions in response to a change in their asthma control and condition.[64] All consumers with asthma should be provided with an asthma action plan, developed with their healthcare professional, to help guide their actions when their symptoms escalate.

6. **Too few people with asthma have an annual asthma review** with their general practitioner as recommended by Australian asthma guidelines.[65]

In the asthma context, there are gaps between evidence and practice, including adherence to Australia's world-leading asthma guidelines, the level of asthma control experienced by people with asthma, and the uptake of asthma action plans for adults and children.
Delivery of best-practice healthcare requires multiple components, and fundamental to this are the knowledge, skills and behaviours of the healthcare professionals.

The *20-Year Preventive Health Strategy* should support education, training and support for healthcare professionals to ensure that they are providing parents and carers with consistent, best practice asthma care and information in the community. This should include:[66]

- Detecting and diagnosing asthma and other acute and chronic respiratory conditions in a timely and appropriate manner
- Identifying triggers for the child at home, at school and in the community
- Supporting child and carer self-management practices
- Managing asthma alongside comorbid conditions
- Enhancing asthma health literacy and evidence-based shared decision making
- Appropriate prescribing of preventer medicine
- Delivering asthma action plans combined with patient education in self-monitoring, review of medicines and assessment of severity
- Annually reviewing asthma patients
- Developing management strategies in school and childcare services

FOCUS AREA 5. TAKE A HEALTH EQUITY APPROACH

Asthma Australia strongly supports the recognition of health equity. The AIHW estimates that closing the health gap between the most and least advantaged Australians would spare around half a million people from chronic illness. The Strategy should focus on preventive health action to address inequitable differences in health outcomes, including targeted measures to reduce inequities in outcomes for priority population groups, including those disproportionately affected by asthma (who are often at higher risk for other chronic diseases). Mobilising and allocating resources in ways that promote equity is critical to ensure Australians with more needs have greater gains.

Distributing resources to areas of need includes resources for preventive health programs as well as investment in addressing the social determinants of health, specifically improving air quality and providing infrastructure such as quality affordable housing.

- **Aboriginal and Torres Strait Islander peoples.**[67] Colonisation and its legacy have resulted in health inequities for First Nations peoples. In relation to asthma, around 16% of First Nations people reported having asthma (16%) in 2018-19, making asthma the third most prevalent long-term condition.[68] Aboriginal and Torres Strait Islander people experience higher hospitalisations and a higher death rate due to asthma compared to non- Aboriginal and Torres Strait Islander populations.[69] Asthma is higher in First Nations females (18%) compared to males (13%).

- **People with disability**. In 2022, people living with disability were more likely than those with no disability to have asthma (17.0% compared to 8.0%).[70]

- **Older people**. Although asthma prevalence is highest in adults in their middle age, there is a higher asthma mortality rate amongst older adults. In 2022, there were 467 deaths with asthma as an underlying cause in Australia (299 females and 168 males)[71] and 45% of these deaths were in women aged over 75 years.[72]

COMMENTARY ON SELECTED ENABLERS

Asthma Australia supports the Enablers and considers them to be comprehensive. In particular Asthma Australia welcomes Enablers 7 and 8:

- **Enabler 7 Build a skilled workforce**
- **Enabler 8 Consumer and community empowerment**

Enabler 1

Beyond government, preventive health is everyone's business. It is undertaken by individuals, families, community organisations, employers, private health insurers, non-government organisations, industry and different sectors and levels of government. A cross-sector and partnerships approach will help to overcome the current siloed approach to prevention in Tasmania Whole of system (systemic) change and buy-in is needed, with change occurring at different levels, including individual, family, organisation/workplace, community and societal.

We support a strategic and coordinated whole-of-government approach to achieve the complex prevention challenge of health equity. Asthma Australia supports the Tasmanian Government's Health in All Policies (HiAP) approach, to ensure health and wellbeing are taken into consideration in the policies of other government sectors and the negative health impacts of non-health policies are avoided.

Place-based approaches offer an opportunity to engage communities as partners in improving preventive health measures with consistent evidence showing place has an important and independent effect on health. Many of the influences on health occur in the settings in which we live our day-to-day lives, such as our homes, schools, communities and workplaces. Place-based approaches use the setting of a local area in which to carry out preventive health interventions. Place-based approaches work as they take into account the factors which are holding the dominant system in place, reflecting the need to integrate systems into prevention activity and pursue multidimensional approaches. The Strategy should include progressive approaches to understanding causal relationships.

Enabler 2

Asthma Australia strongly supports building on the right partnerships to mobilise the prevention system, such as partnerships between health agencies and chronic disease organisations or consumer health groups. Partnerships between health organisations should also be fostered. Critically, health organisations need sustained and adequate funding in order to continue to contribute to partnerships, including partnering with each other to address common underlying determinants of health.

Enabler 6

Asthma Australia supports the goal of adapting prevention efforts to respond to emerging issues and new science. However, it is important to recognise the gap between research-based knowledge and practice. Using information effectively can increase diffusion of best practice and bridge the gap. This includes a focus on implementation science and health service research.

Enabler 7

Education, training and support for consumers as well as the health workforce will be critical to ensuring prevention efforts reflect new science. Focusing on areas where significant gaps exist between evidence and practice will achieve the biggest gains in improving patient quality of life and reducing asthma morbidity and its associated costs.

Enabler 8

Asthma Australia recognises the importance of engaging consumers in the design and delivery of preventive health interventions and services. This should include co-design, a methodology that brings together a team of people with lived experience and professionals with each bringing their own experience and expertise to the problem-solving activities. Co-design is a mindset that seeks to equalise power imbalances between professionals, systems stakeholders and people with lived experience. Where priority groups are already being serviced the capabilities of those services should be enhanced rather than building new interventions.

Asthma Australia strongly supports the goal of empowering consumers to make the best decisions about their health. We recommend a greater focus on consumer action and empowerment, including enhancing health literacy and empowering consumers to self-manage their condition, and supporting consumers to play an active role in shaping health care systems and services. Consumer education is critical in enhancing the ability of individuals to make decisions about their health, including education around the impacts of air quality and how to respond, lifestyle and social determinants of health, and even the health system.

ASTHMA AUSTRALIA'S ROLE IN THE HEALTH SYSTEM

For most people with asthma, symptoms can be effectively managed by the individual or their carer using medicines and devices under the guidance of healthcare professionals. Yet approximately 50% of people with asthma have poorly controlled symptoms,[73] many of whom do not currently benefit from optimum care to help control their asthma and avoid escalated symptoms and healthcare needs.

This, combined with the high prevalence and burden of disease, has a significant impact on individuals and communities in Tasmania. People with asthma experience poorer health outcomes and quality of life.[74] They may live for a long period of time with disability associated with asthma, and experience reduced participation in employment, education, care responsibilities, sports and social events.

Asthma is a chronic disease that can be managed effectively in the primary care system and broader community, and the majority of asthma hospitalisations and deaths are avoidable. Asthma Australia supports the approach that consumer-centric asthma approaches have the potential to dramatically ease the burden of asthma on Tasmania's health system. By supporting people to develop their capability and capacity to manage their own care, and engaging communities to support the wellbeing of their members, the burden and impact of asthma can be reduced.

The impacts of asthma are far-reaching, including significant demand on urgent healthcare resources, absenteeism from school and work, lost productivity, and restricting people from achieving their full potential.

Asthma Australia is committed to changing this.

Through our work:

- We increase knowledge and empower people to take action to improve their asthma health. Achieved through asthma information and support through a variety of channels, which helps to address the gaps people experience in their healthcare

- School staff and healthcare professionals who care for people with asthma have improved knowledge of asthma and handling asthma emergencies after engaging with us

- We are a consistent voice for people with asthma, raising awareness of the issues which cause or worsen asthma outcomes and the real impact of asthma on people's lives

- We are contributing to creating better systems and environments for people with asthma where they live, work and play

- We support research in finding a cure, in improving asthma health outcomes and in understanding the challenges and roadblocks to effective asthma management

ASTHMA AUSTRALIA'S WORK IN TASMANIA

Asthma Australia is the trusted voice and primary information provider for people with asthma in Tasmania. We receive some funding from the Tasmanian Government to support our work to assist Tasmanians to better manage asthma. We achieve this through providing information, support and resources to health professionals, people with asthma and family, carers and supporters of people with asthma.

Under our current funding agreement, we are:

- Driving engagement with asthma education and management information by consumers that supports their health and wellbeing (including 1800 ASTHMA service, digital channels and community level programs)

- Providing information that meets the requirements of all people encountering asthma (including health and other professionals, community, family, carers) which supports their health literacy and health promoting behaviours

- Delivering multi-channel education and promotional campaigns that raise the profile across the community of asthma and awareness of its effective management

- Developing collaborative actions with priority consumer groups and stakeholders that address specific asthma management issues

- Partnering with consumers, community sector and health organisations to co-design local actions that contribute to reducing the impact of asthma on communities where the needs are greatest

- Participating in health system initiatives to advocate for advancing outcomes for people with asthma, by influencing priority policies, systems and service models that will drive enduring change

- Providing information about air quality in Tasmania and climate change and health impacts to people experiencing asthma that supports their decision-making to achieve better health outcomes

Asthma Australia has a proven track record in consumer education, training and support to improve health literacy, health knowledge and self-management skills. This is necessary to enable consumers to make the best decisions about their health. In the asthma context, this means giving people the information, education, resources and tools they need to prevent, control and effectively manage asthma.

We have developed strong and enduring partnerships with Tasmanian health professional, community, social services, mental health, family, children, young people and First Nations sectors, and enjoy the support of local government in priority locations.

Understanding life with asthma in Tasmania – listening to the community experience

To support a deeper understanding of the experience of asthma in Tasmania, Asthma Australia co-funded with Primary Health Tasmania the Tasmanian Asthma Discovery Project in the first half of 2023. The Consultation set out to find out what life is like for people with asthma in Tasmania, and to set the stage for future community-led work in identifying the challenges and codesigning innovative solutions in partnership with community and stakeholders.

The Community Consultation Consumer Snapshot has revealed important insights that are now framing a second phase of the project to determine which communities are ready to take action on asthma. This work is being conducted with the Tasmanian Behavioural Lab at the University of Tasmania and provides a step-change in our ability to target programs to priority communities across Tasmania.

APPENDICES

Asthma in Tasmania

The Tasmanian Discovery Project: Community Consultation Consumer Snapshot

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ASTHMA AUSTRALIA

ASTHMA IN TASMANIA

OVERVIEW 2025

ABOUT US

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

Asthma is an inflammatory condition of the airways which restricts airflow and can be fatal. There is no cure, but most people with asthma can experience good control of their condition. Asthma affects one in nine Australians, nearly 2.8 million people. It has various degrees of severity (mild to severe) and affects people of all ages, from childhood to adulthood. Asthma can appear at all ages and stages of life.

Our purpose is to help people breathe better so they can live freely.

Our goal is to halve the number of potentially avoidable hospitalisations due to asthma by 2030. It is estimated that at least 80 per cent of asthma related hospital presentations are avoidable.

MAKING A DIFFERENCE:

After a recent frightening episode, Tasmanian local and Asthma Champion, Toni McLean called **1800 ASTHMA** for help.

"Until I spoke with an Asthma Educator, I did not realise how poorly controlled my asthma was," Ms McLean said. "I'd been putting up with it for so long. I didn't understand my asthma, so I wasn't able to communicate my symptoms and triggers clearly with my doctor."

"After speaking to the Educator, I gained the knowledge and confidence I needed to treat my symptoms proactively, rather than letting my asthma unravel. I am now working closely with my doctor to create a good asthma management plan together." (Toni McLean)

ASTHMA IN TASMANIA

A MAJOR CHRONIC DISEASE

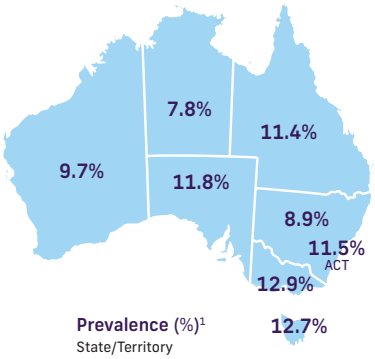
ASTHMA AUSTRALIA

PREVALENCE

Asthma is a chronic respiratory condition affecting

71,100

Tasmanians in 2022 OR more than 1 in 8 people[1]



Prevalence (%)[1]
State/Territory

12.7%

of people in TAS are estimated to have asthma, one of the highest prevalence in Australia and higher than the national average of 10.8% in 2022[1]

Prevalence of selected diagnosed health conditions for Tasmanian adults 2009-2022[2]
(ever being diagnosed, age standardised to ABS 2001 population)

Health Condition	2009 (%)	2013 (%)	2016 (%)	2019 (%)	2022 (%)
Depression or anxiety	21	26	30	34	37
Arthritis	21	23	23	23	23
Hypertension	26	25	24	23	23
Asthma	22	24	25	25	22
Other mental health condition	-	-	-	7	11
Cancer	7	8	9	8	9
Diabetes	6	6	8	8	8
Heart disease	6	7	7	7	7
Osteoporosis	5	5	6	6	6
Stroke	3	2	3	2	3
High blood sugar	4	4	5	5	3
COPD	-	-	-	2	2
Kidney disease	-	-	-	2	2
TAS (at least one condition)	-	-	-	-	69

Table modified from Cox et al[2]

MORTALITY

Asthma was responsible for

18 DEATHS

in Tasmania in 2023 with the national toll at 474 deaths in the same year[3]

DOCTOR VISITS

23%

of visits to the doctor in Tasmania were for asthma in 2019, making it one of the top 4 most common conditions leading to a GP visit[4]

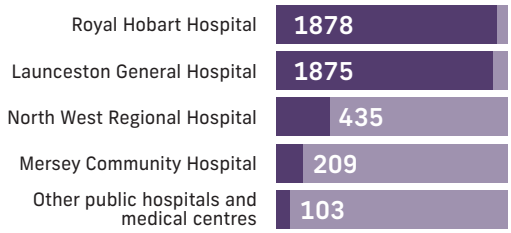
HOSPITALISATIONS

In 2020/21, there were **719** hospitalisations for asthma in Tasmania. After adjusting for age, the asthma hospitalisation rate in Tasmania was 24% higher than the national average [6]

In 2022/23, there were **604** potentially preventable asthma hospitalisations in Tasmania.[7] These are hospitalisations in people aged 4 and over [7]

Between 2018/19 and 2022/23, potentially preventable hospitalisations for asthma have nearly halved, from 1,121 to 604 [7,8]

Total asthma hospitalisations by hospital between 2015 - 2019[9]



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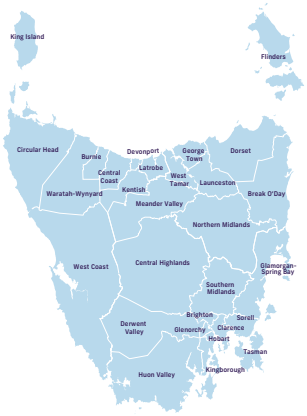
ASTHMA AROUND TASMANIA

ASTHMA AUSTRALIA

NATIONAL ASTHMA PREVALENCE REPORTED IN THE CENSUS 2021: 8.1%

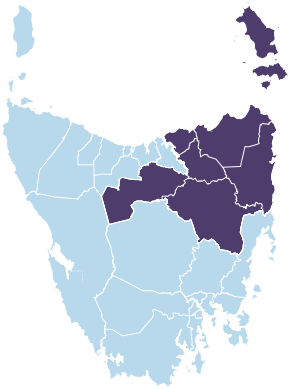
LOCAL GOVERNMENT AREAS



Top 5 Highest Asthma Prevalence in Tasmanian Local Government Areas[1]

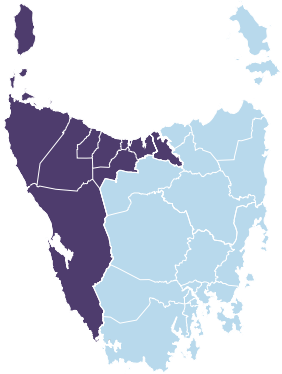
Local Government Area	Prevalence (% age standardised)	Number of people with asthma 2021
Burnie	11.2	2226
Brighton	11.1	2095
George Town	10.9	772
Waratah-Wynyard	10.9	1573
Devonport	10.7	2817

NORTH



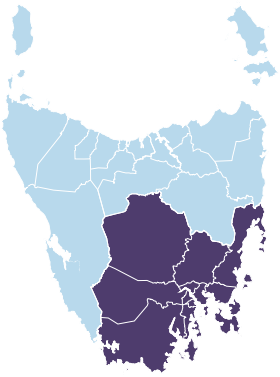
Local Government Area	Prevalence (% age standardised)	Number of people with asthma 2021
George Town	10.9	772
Launceston	10	7056
Meander Valley	9.9	2063
Northern Midlands	9.6	1321
Flinders	9.2	86
Dorset	9.1	627
Break O'Day	8.7	599

NORTH WEST



Local Government Area	Prevalence (% age standardised)	Number of people with asthma 2021
Burnie	11.2	2226
Waratah-Wynyard	10.9	1573
Devonport	10.7	2817
Central Coast	10	2292
Latrobe	9.6	1208
West Coast	9.5	409
Circular Head	9.2	747
Kentish	9.2	613
West Tamar	9.2	2315
King Island	6.9	112

SOUTH



Local Government Area	Prevalence (% age standardised)	Number of people with asthma 2021
Brighton	11.1	2095
Derwent Valley	9.7	1066
Sorell	9.2	1551
Glenorchy	8.9	4504
Tasman	8.8	234
Clarence	8.7	5394
Southern Midlands	8.7	580
Central Highlands	8.6	220
Kingborough	8.6	3450
Huon Valley	8.5	1567
Glamorgan-Spring Bay	8.3	425
Hobart	7.4	4144

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ASTHMA'S LOCAL PROFILE

ASTHMA AUSTRALIA

KEY INDICATORS

Local Government Area	Number of people with asthma, Census 2021[1]	Prevalence (%, Census 2021, age standardised) [1]	Hospitalisations for asthma 2015-2019[2]	Hospitalisations children 0-9 2017-2021[3]	Rank of asthma in top 10 potentially preventable hospitalisations[4]	National SEIFA 2021*[5]	State SEIFA* 2016[6]
Break O'Day	599	8.7	101	11		2	2
Brighton	2095	11.1	184	19	8	1	1
Burnie	2226	11.2	163	150	3	2	4
Central Coast	2292	10	147	30		4	7
Central Highlands	220	8.6	4	-		2	3
Circular Head	747	9.2	65	23		3	5
Clarence	5394	8.7	439	69	8	8	10
Derwent Valley	1066	9.7	75	10	10	2	2
Devonport	2817	10.7	194	68		2	3
Dorset	627	9.1	60	12	10	3	4
Flinders	86	9.2	18	-	4	4	9
George Town	772	10.9	41	-	5	1	1
Glamorgan/Spring Bay	425	8.3	23	8		4	6
Glenorchy	4504	8.9	241	44	10	2	3
Hobart	4144	7.4	356	37	8	9	10
Huon Valley	1567	8.5	149	22	1	5	8
Kentish	613	9.2	27	15		4	6
King Island	112	6.9	6	-		7	9
Kingborough	3450	8.6	240	28	5	9	10
Latrobe	1208	9.6	151	29	7	5	8
Launceston	7056	10	1070	102	2	3	6
Meander Valley	2063	9.9	182	26	6	5	8
Northern Midlands	1321	9.6	121	10		5	7
Sorell	1551	9.2	79	16		6	7
Southern Midlands	580	8.7	19	9		4	5
Tasma	234	8.8	5	-		2	5
Waratah/Wynyard	1573	10.9	78	34		2	4
West Coast	409	9.5	8	-		1	2
West Tamar	2315	9.2	254	27	2	7	9

*SEIFA: Socio-Economic Indexes for Areas

References: 1. Public Health Information Development Unit. Social Health Atlas of Australia: Tasmania - Local Government Areas, 2024. Long-term health conditions (ABS Census), by conditions (asthma) - All ages, 2021 - Age-standardised rate per 100. Torrens University Australia. Accessed 5 February 2025. https://phidu.torrens.edu.au/current/maps/sha-aust/lga-single-map/tas/atlas.html 2. Department of Health, Tasmania (unpublished data) Asthma hospitalisations (public hospitals) by Local Government Area, Tasmania, 2015-2019 3. Department of Health (unpublished data) Asthma hospitalisations (public hospitals) in children aged 0-9 years by Local Government Area, Tasmania, 2017-2021 4. Primary Health Tasmania, Community Health Profiles, https://www.primaryhealthtas.com.au/resources/community-health-checks/ accessed 6 February 2025 5. Australian Bureau of Statistics. SEIFA 2021 by Local Government Area, https://www.abs.gov.au/statistics/people/people-and-communities/socio-economic-indexes-areas-seifa-australia/latest-release Accessed 6 February 2025 6. Australian Bureau of Statistics. SEIFA 2016 by Local Government Area, https://stat.data.abs.gov.au/Index.aspx?DataSetCode=SEIFA_POA# Accessed July 2021

ASTHMA AT THE NEIGHBOURHOOD SCALE

CHILDHOOD ASTHMA PREVALENCE

New research shows regional Australia is disproportionately affected by childhood asthma. A 2024 study mapped childhood asthma census data against small geographical areas provided by Census 2021 the Australian Bureau of Statistics. The majority of the hot spots, more than 60%, were in socio economically disadvantaged areas.

The average rate of childhood asthma in each area was 6.27%, with the top 20 hotspot areas shown here. There are three Tasmanian neighbourhoods in the top five and seven in total out of the 20.

Reference: Khan, J.R., Lingam, R., Owens, L. et al. Social deprivation and spatial clustering of childhood asthma in Australia. glob health res policy 9, 22 (2024). https://doi.org/10.1186/s41256-024-00361-2

- Acton - Upper Burnie (Tasmania) 13.8%
- Mount Hutton - Windale (NSW) 12.9%
- East Devonport (Tasmania) 12.8%
- Charnwood (ACT) 12.5%
- Waverley - St Leonards (Tasmania) 11.8%
- Leeton (NSW) 11.7%
- Kurri Kurri - Abermain (NSW) 11.6%
- West Wallsend - Barnsley - Killingworth (NSW) 11.6%
- Ravenswood (Tasmania) 11.6%
- Wynyard (Tasmania) 11.6%
- Bathurst - South (NSW) 11.5%
- Wendouree - Miners Rest (Victoria) 11.5%
- Tinana (Queensland) 11.3%
- Cessnock Surrounds (NSW) 11.2%
- Sebastopol - Redan (Victoria) 11.2%
- Leichhardt - One Mile (Queensland) 11.2%
- West Ulverstone (Tasmania) 11.2%
- Dubbo - East (NSW) 11.1%
- Wauchope (NSW) 11.1%
- Bridgewater - Gagebrook (Tasmania) 11%

ASTHMA DISTRIBUTION

ASTHMA AUSTRALIA

Modelled Estimates 2017-2018 from NHS (national health survey)	Number of ppl	Prevalence (% age standardised)
Invermay/ Mowbray/ Newnham/ Ravenswood/ Waverley	2246	11
Bellerive/ Geilston Bay/ Howrah/ Lindisfarne area	2235	9
George Town/ Scottsdale/ St Helens	1843	10
Hobart/ Lenah Valley - Mount Stuart/ West Hobart	1789	8.4
Kingston - Huntingfield/ Margate - Snug	1630	9.2
Parklands - Camdale/ Somerset/ Wynyard	1612	11.3
Berriedale/ Claremont/ Montrose area	1578	9.9
Mount Nelson/ Sandy Bay/ South Hobart area	1468	7.1
Dodges Ferry - Lewisham/ Sorell - Richmond	1463	9.5
Devonport	1385	11.4
Derwent Park - Lutana/ Glenorchy	1318	9.2
Legana/ Riverside/ Trevallyn	1315	9.5
Kings Meadows/ South Launceston/ Summerhill	1274	10.5
Burnie - Ulverstone Region	1185	10.1
Newstead/ Norwood (Tas.)/ Youngtown - Relbia	1131	9.4
Kingston Beach/ Taroona area	1109	9
Cygnet/ Huonville - Franklin	1059	9
Latrobe/ Sheffield - Railton	1048	10.4
Central Highlands (Tas.)	932	9
Brighton - Pontville/ Old Beach - Otago	902	9.8
Deloraine/ Westbury	868	9.9
Cambridge/ South Arm	859	8
Grindelwald - Lanena/ Hadspen - Carrick	836	10.3
Bridgewater - Gagebrook	829	13.7
Dilston - Lilydale/ Perth - Evandale	828	10.1
Launceston/ West Launceston	822	9.9
Rokeby	699	11.4
Acton - Upper Burnie/ Burnie - Wivenhoe	690	11.9
Ulverstone	690	11.5
Moonah/ West Moonah	682	8
Longford/ Northern Midlands	663	9.7
North West/ Waratah	624	9.6
New Norfolk	622	10.4
Prospect Vale - Blackstone	611	10.7
Miandetta - Don/ Turners Beach - Forth	557	9.5
Port Sorell	519	9.4
New Town	492	8.6
East Devonport	479	11.3
Mornington - Warrane	462	10.7
West Ulverstone	423	11.1
Triabunna - Bicheno	371	8.2
West Coast (Tas.)/ Wilderness - West	354	9.9
Beauty Point - Beaconsfield	351	10
Austins Ferry - Granton	340	9.6
Geeveston - Dover	339	9.9
Smithton	314	9.8
Risdon Vale	302	10.5
Quoiba - Spreyton	266	10.3
Bruny Island - Kettering	238	8
Forestier - Tasman	212	9.1
King Island	94	7

Reference: PHIDU. Social Health Atlas of Australia, Data by Population Health Area. Long-term health conditions, by conditions (ABS Census 2021), All ages, Asthma. Torrens University of Australia 2024. Accessed 2025 Feb 18. Available from https://phidu.torrens.edu.au/social-health-atlases/data-archive/data-archive-social-health-atlases-of-australia#social-health-atlas-of-australia-data-released-march-april-june-september-december-2024-by-population-health-area-local-government-area-and-primary-health-network Accessed 17 February 2025.

ASTHMA AUSTRALIA'S PRESENCE IN TASMANIA

In 2019, the Asthma Foundation of Tasmania and Asthma Australia merged, following a long history of service by the Foundation in Tasmania since 1965.

The Tasmanian Government supports Asthma Australia in Tasmania with funding by the Crown through the Department of Health, for Asthma Australia to provide information and support services.

The purpose of the funding is for Asthma Australia to assist Tasmanians to better manage their asthma by providing information, support and resources to health professionals, people with asthma, family, carers and supporters of people with asthma.

The primary activities undertaken by Asthma Australia in Tasmania are:

- Driving engagement with asthma education and management information by consumers that supports their health and wellbeing (including 1800 ASTHMA service, digital channels and community level programs).
- Providing information that meets the requirements of all people encountering asthma (including health and other professionals, community, family, carers) which supports their health literacy and health promoting behaviours.
- Delivering multi-channel education and promotional campaigns that raise the profile across the community of asthma and awareness of its effective management.
- Developing collaborative actions with priority consumer groups and stakeholders that address specific asthma management issues.
- Partnering with consumers, community sector and health organisations to co-design local actions that contribute to reducing the impact of asthma on communities where the needs are greatest.
- Participating in health system initiatives to advocate for advancing outcomes for people with asthma, by influencing priority policies, systems and service models that will drive enduring change.
- Providing information about air quality in Tasmania and climate change and health impacts to people experiencing asthma that supports their decision-making to achieve better health outcomes.

THE TASMANIAN ASTHMA DISCOVERY PROJECT

Community Consultation Consumer Snapshot

WHAT'S LIFE LIKE WITH BREATHING PROBLEMS AND ASTHMA IN TASMANIA?

Everyone experiences asthma differently. Different things work for people in managing their asthma and there are challenges, highs and lows.

We wanted to go further than the obvious prevalence and associated data about asthma in Tasmania and build a more detailed and consumer-based picture of local community responses to asthma management.

In partnership with consultants Healthy Tasmania Pty Ltd and funded by Primary Health Tasmania, we set out to hear what life is like for people experiencing asthma in Tasmania and to determine where and how future asthma supports and programs are best delivered for the greatest impact.

Aims

Understand the community experience of asthma in Tasmania

Determine the current gaps and identify problems, challenges and potential solutions

Gather insights into the wants and needs of Tasmanians and the problems we need to solve in partnership with the community

Advertising and Media

Community newspapers

Social media

Community radio

Television

CONSULTATION ENGAGEMENT

177 online surveys

5 emails

5 phone calls

9 postcards

focus groups consisting of 8 people across 3 locations

THEMES

Experience with asthma:
What people know about asthma and how they feel about it

Services and supports:
The experience with health professionals and the health system

Challenges and needs:
How life with asthma could be better

Asthma Australia acknowledges funding support provided by the Crown through the Tasmanian Department of Health.

ASTHMA AUSTRALIA

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F: 02 9906 4493

ABN: 91 609 156 630

info@asthma.org.au

THE TASMANIAN ASTHMA DISCOVERY PROJECT

Community Consultation Consumer Snapshot

ASTHMA AUSTRALIA

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How life with asthma could be better

WHAT DID WE FIND OUT?

People feel they understand their asthma and are managing yet they also tell us they **can't participate in life** as fully as they would like.

This tells us that there's a mismatch between what people know about their asthma, what they do to manage it and the best possible health and wellbeing outcomes.

"My 10 yr daughter was diagnosed around 5 years ago. It is still controlling her life! We have and still battle to keep under some kind of control."

It is heartbreaking to watch the impact it has on her life, and at her age, she really does not totally understand Asthma and the effects, all she knows is that she wishes it would just go away, so she can run around, dance and do all the things that asthma takes from her.

Many people with asthma **put up with poor quality of life** when even small changes can be life changing. Often people experience regular flareups but feel that it's a normal part of having asthma so they 'just live with it'.

This tells us that people need support to see how easy asthma is to manage well and live freely.

"I really haven't sought out help from other avenues when I should have done, probably my shyness (anxiety) and possibly embarrassment has stopped me from doing that in the past. As I deteriorate, those [asthma] problems seem to get worse."

Many **underestimate its seriousness**, yet they feel that the broader community doesn't appreciate the seriousness and they want more support around them.

This tells us that people with asthma need supportive environments to reduce stigma and anxiety around asthma.

"Lack of specialists and poor community awareness make it an illness with a stigma."

People prioritise their GP as a trusted source of information, but with the current limitations of the health system with its pressures and strains, they are also **struggling to access timely, continuous and affordable care**.

This tells us that people value locally-based programs that can provide more care options in their community.

"A designated go-to person to help walk through the rough bits who KNOWS what to do next without navigating my way through appointments with my overstretched GP would be such a comfort."

Air quality is a top-order concern for people with asthma, with many taking the opportunity to express their anxiety when faced with woodheater smoke, seasonal burning and bushfires.

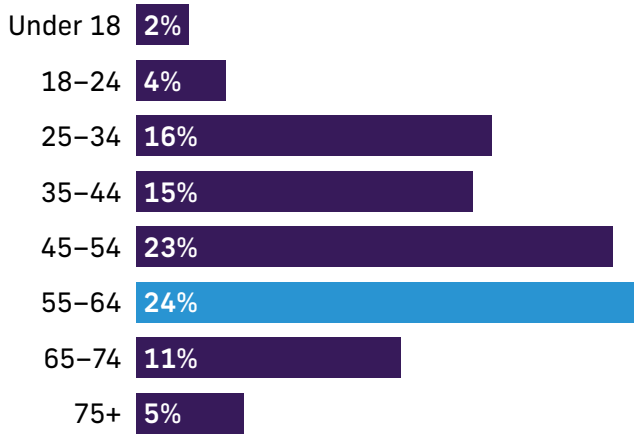
This tells us that supporting people with up-to-date air quality information is critical in helping people take action at peak times.

"It is just frustrating feeling like I am trapped in my own home a lot of the time and can't go outside for more than very short periods of time."

It can be hard to hung up washing, go for a walk, do the shopping, even go to the Dr's. I can't even open the house up for fresh air for approx 6mths of the year.

WHO DID WE HEAR FROM?

Age of respondents (n=177)

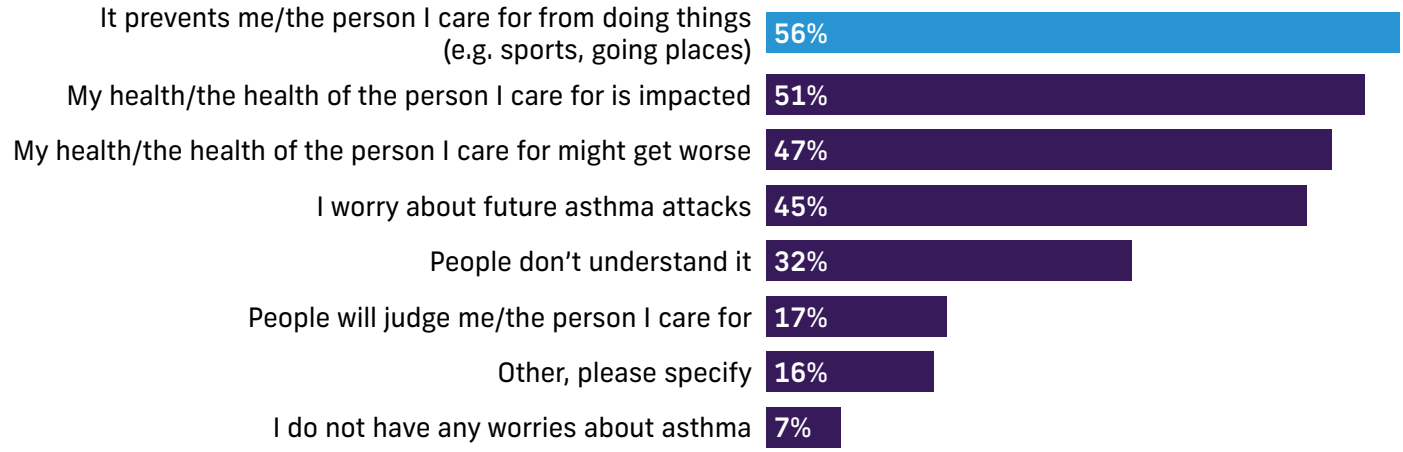


Age of child with asthma (n=43)

THEME 1: EXPERIENCE WITH ASTHMA

Thinking about your asthma/the asthma of the person you care for, how much do you agree with the following statements? (n=177)	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
I understand what is happening in the body when I/the person I care for experiences asthma symptoms	3%	11%	16%	55%	15%
I understand how asthma medications work to help control asthma	3%	10%	9%	55%	23%
I know how to use asthma devices (puffers) correctly	1%	2%	5%	58%	34%
I know what to do if I/the person I care for is having trouble breathing	2%	5%	10%	61%	23%
My/their asthma is usually manageable	2%	8%	10%	66%	15%
I know about where asthma support is available in Tasmania	11%	38%	21%	24%	7%
I know what can trigger an asthma flare-up	1%	8%	8%	56%	25%

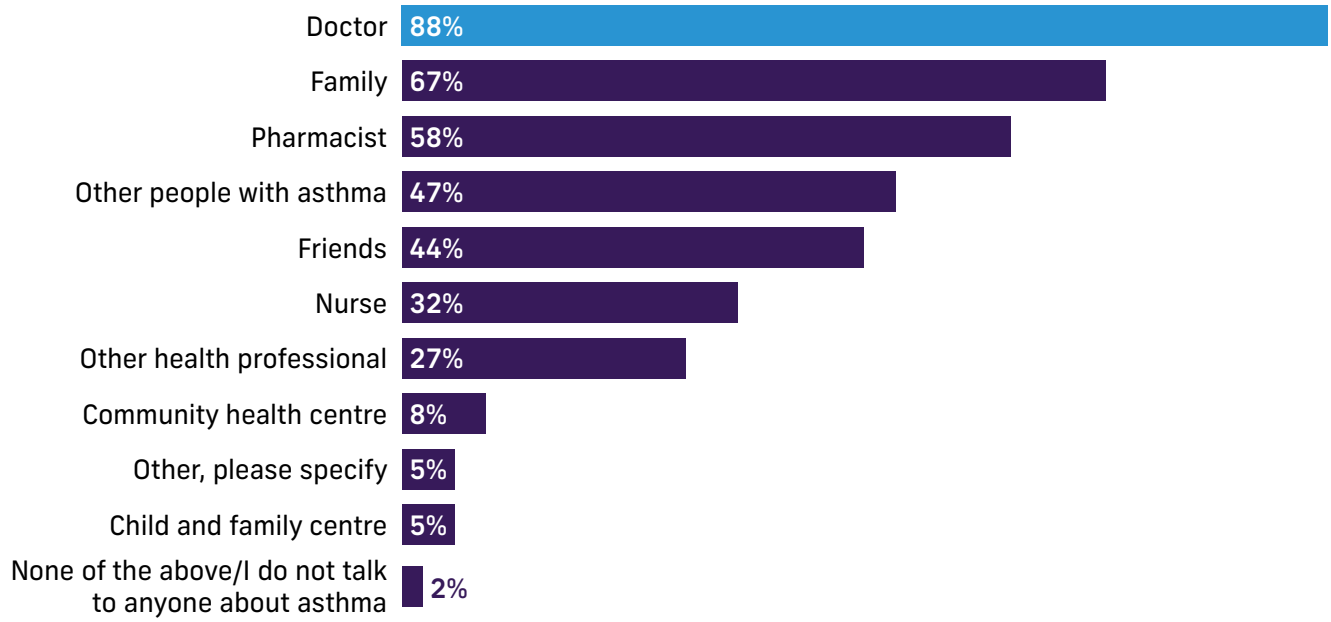
What worries you about living with asthma or caring for someone with asthma? (n=177)



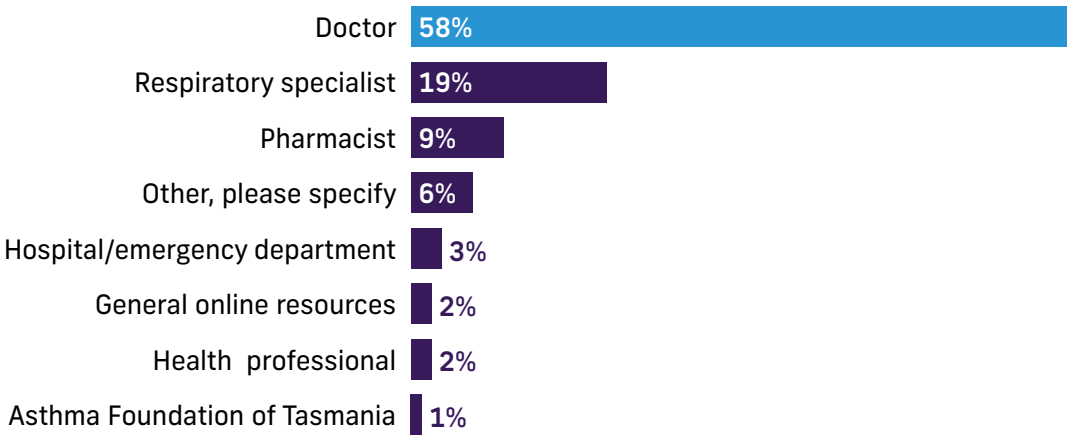
Thinking about how you feel about asthma and how the people around you think about asthma, how much do you agree with the following statements?	Strongly Disagree (1)	Disagree (2)	Neither (3)	Agree (4)	Strongly Agree (5)
I/the person I care for is embarrassed by asthma **(Embarrassed)**	18%	43%	19%	18%	3%
I/the person I care for try to hide asthma from people **(Hide)**	17%	40%	15%	27%	2%
I/the person I care for avoid places or situations that make asthma worse **(Avoid)**	1%	8%	18%	55%	18%
Asthma stops me/the person I care for from doing things I want to do **(Stops)**	5%	18%	16%	48%	14%
People around me/the person I care for don't understand asthma **(Understand)**	5%	26%	27%	33%	9%

THEME 2: SERVICES AND SUPPORTS

Who do you trust to talk to about your asthma/the asthma of the person you care for? (n=177)



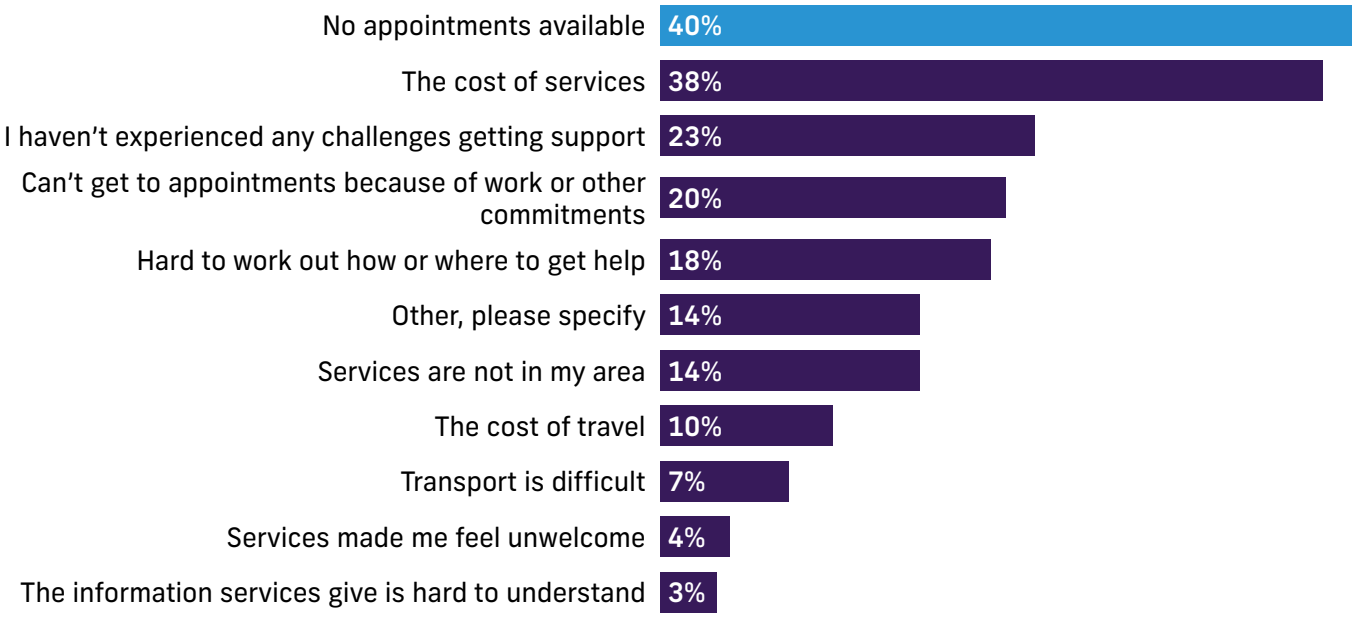
Most useful (n=174)



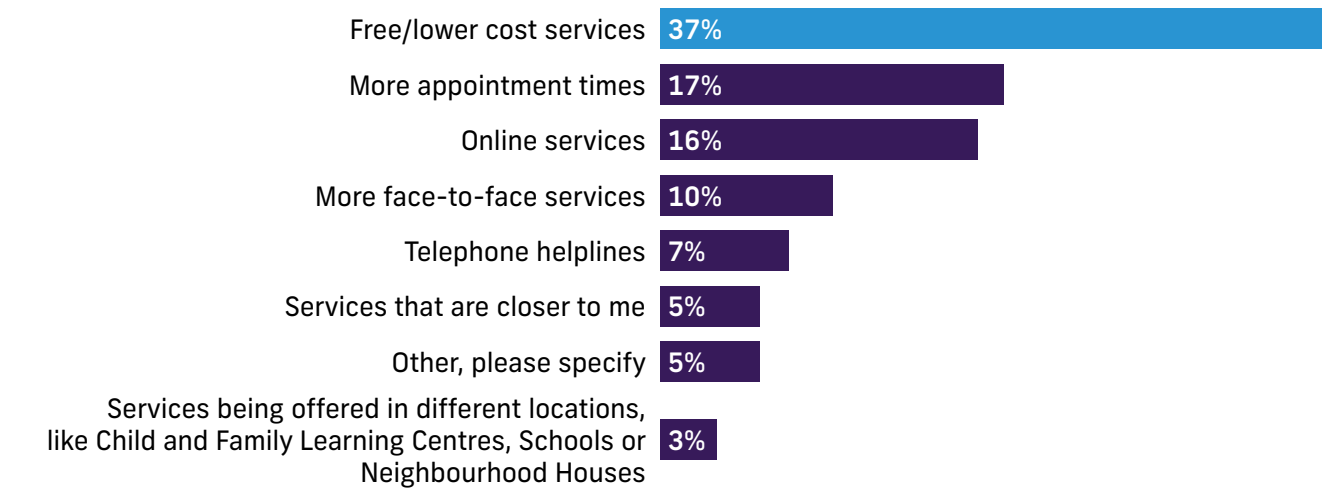
Thinking about your past experiences with Tasmanian asthma services or supports in general, please tell us how much you agree or disagree with the following statements. (n=171)	Strongly Disagree (1)	Disagree (2)	Neither (3)	Agree (4)	Strongly Agree (5)
The information and advice given by different services is the same **(Consistency)**	2%	18%	49%	29%	2%
It is easy to contact someone for information or advice about asthma **(Accessibility)**	4%	14%	51%	26%	5%
Services help me manage asthma **(Helpfulness)**	5%	16%	32%	40%	6%
There is a wide range of support options in Tasmania (e.g., calls, websites, face-to-face) **(Range)**	4%	19%	57%	18%	2%
Services provide high quality support **(Quality)**	3%	10%	51%	32%	4%
Services know a lot about asthma care **(Knowledge)**	2%	11%	47%	37%	4%
I trust the information and advice given to me **(Trust)**	2%	5%	23%	61%	8%

THEME 3: CHALLENGES AND NEEDS

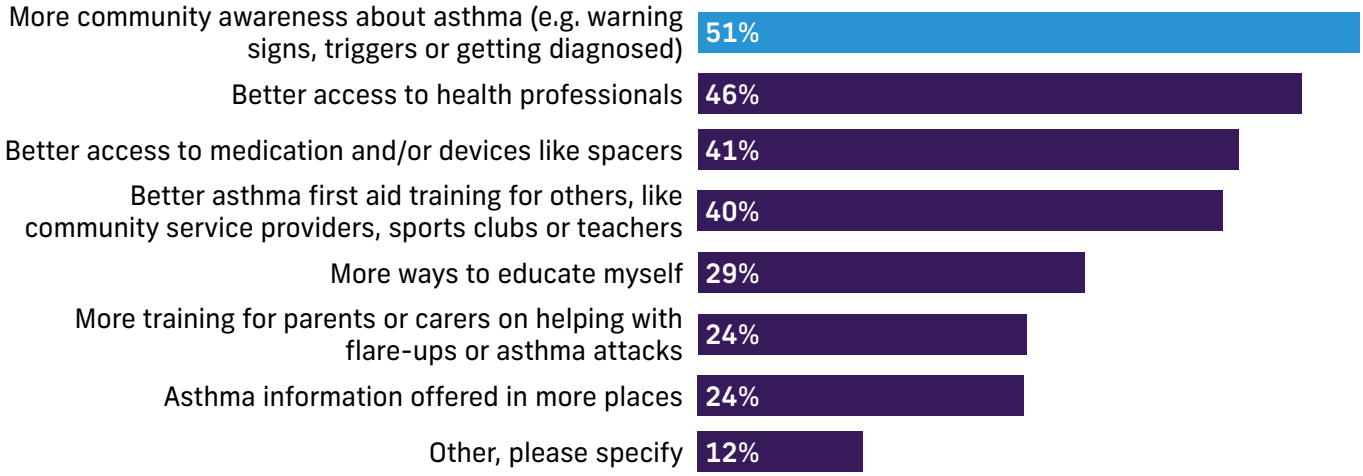
Makes getting support for asthma harder? (n=177)



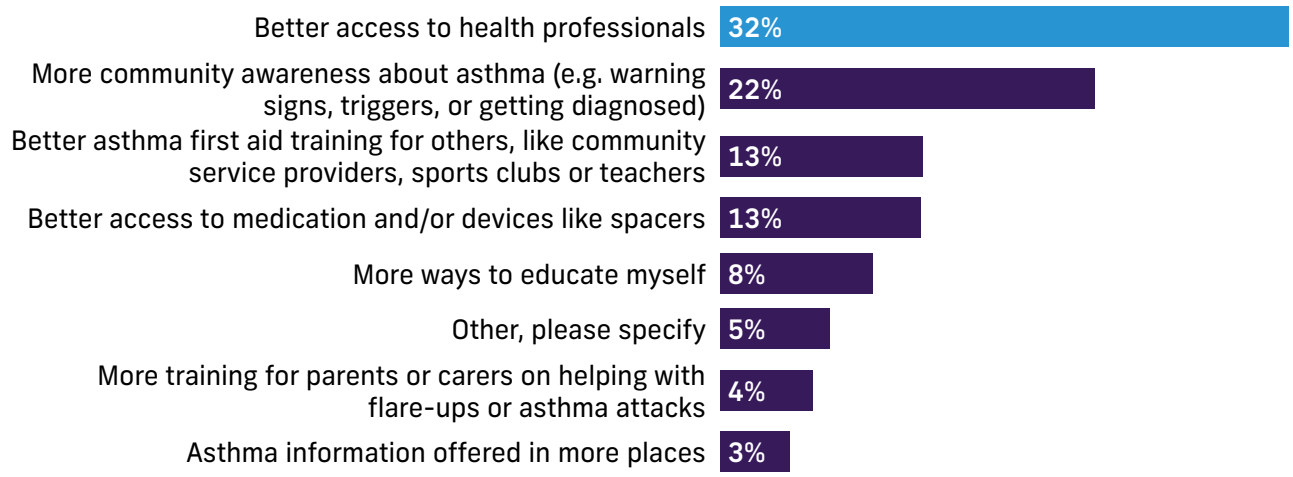
Most likely to make accessing support easier? (n=105)



Would make life better (n=119)



Most likely to make life better (n=119)



OUR ROLE IN TASMANIA

The survey results highlight the importance of Asthma Australia's specific role in Tasmania, in both supporting people living with asthma and improving community understanding of asthma.

People living with asthma in Tasmania need support, care and engaging information delivered in ways that suit them individually. It's important for them to see a future of a life lived well with their asthma.

We believe that consumer-centric asthma programs have the potential to dramatically ease the burden of asthma on the state's health system.

By supporting people to develop their capability and capacity to manage their own care, and engaging communities to support the wellbeing of their members, the burden and impact of asthma can be reduced.

WANT TO KNOW MORE?

Sign up to our newsletter for future updates about the Tasmanian Asthma Discovery Project at **asthma.org.au/about-us/news-and-publications/on-air** or get in touch with Jess Tyler on **jtyler@asthma.org.au**

The Tasmanian Asthma Discovery Project is supported by funding from Primary Health Tasmania (Tasmania PHN) through the Australian Government's Primary Health Networks Program. It was developed from learnings and ideas explored in Asthma Australia's work in South Australia, which is funded by the Country SA Primary Health Network.

HEALTHY TASMANIA

ASTHMA AUSTRALIA

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