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SUBMISSION

Preventive Health SA Strategic Plan for Preventive Health Action 2026-2034

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By email: PreventiveHealthSA.strategy@sa.gov.au

Asthma Australia welcomes the opportunity to comment on the *Preventive Health SA Strategic Plan for Preventive Health Action 2026-2034* (the Plan).

Asthma Australia is broadly supportive of the Plan, noting it aligns with several focus areas in the National Preventive Health Strategy 2021-2030. A key strength of the Plan is an acknowledgement of how significantly social determinants of health drive exposure to health risk factors, and a commitment to work across government, non-government, health services, education, housing, transport and communities to address social and economic determinants of health and reduce exposure to health risk factors in the community.

There is an opportunity for the Plan, through partnership with Asthma Australia, to have an impact on asthma in South Australian communities. Most of the modifiable risk factors featured in the Plan – tobacco and e-cigarette use, unhealthy diet, physical inactivity, overweight and obesity, and poor mental health and wellbeing – are known to increase the risk of and/or worsen asthma symptoms. Moreover, improvements in the social determinants of health for South Australian communities, including housing, education and health literacy, and access to primary care services could support reduced exposure to common asthma triggers that worsen asthma and empower people with asthma to manage their disease more proactively, and in partnership with trusted health professionals.

Asthma Australia has previously partnered with several communities in South Australia to improve asthma health outcomes through a variety of projects with primary care, pharmacy and First Nations communities. These projects have consistently demonstrated positive outcomes in asthma care through taking a whole of community approach. Working alongside communities, we have co-designed solutions that empower communities to manage their own asthma, while strengthening connections to health care. Asthma Australia welcomes opportunities to work with the South Australian Government to facilitate the inclusion of asthma prevention and support for local communities in the Plan.

In addition to recommending asthma be included as a priority in the Plan, Asthma Australia has identified several areas where greater clarity would strengthen the Plan's effectiveness. This

includes details on how the Plan will be implemented for regional, rural and remote communities, and how South Australia can support the growth and distribution of an adequate primary care workforce to support the Plan's objectives. This will be addressed further at *consultation survey*.

THE IMPACT OF ASTHMA

Asthma remains one of Australia's most prevalent and persistent chronic diseases. In South Australia, over 210,000 people, or 11.8 per cent of the population, live with asthma. This is the third highest rate of asthma in Australia (behind Victoria and Tasmania) and a higher asthma prevalence than the national average (10.8 per cent)[1]. Asthma hospitalisations are higher in South Australia compared to the national average (Country SA, 113.2; Adelaide, 112.0; National, 96.4; age-standardised rate per 100,000 population)[2], highlighting the need for increased intervention in asthma prevention and management in the state. In 2024, 50 people in South Australia died from asthma[3].

Nationally, asthma affects 2.8 million people and cost the health system $1.28 billion in 2023-24[4,5,6]. It is the leading cause of disease burden among children aged 1-9 years and contributes to more than 31,000 hospitalisations annually, almost half involving those under 15[7,8,9]. Evidence from the Australian Institute of Health and Welfare (AIHW) shows up to 90 per cent of asthma-related hospitalisations could be prevented through accessible, high-quality primary health care and effective community-based prevention[9,10].

Despite being a manageable condition, asthma outcomes remain variable. Clinical guideline adherence is inconsistent, asthma health literacy is low and many Australians, particularly First Nations peoples, culturally and linguistically diverse communities, and those in rural and remote areas, continue to face inequitable access to asthma care. Consequently, the rates of hospitalisation from asthma and asthma mortality are substantially higher in Aboriginal and Torres Strait Islander people, people living in Australia's lowest socioeconomic areas and rural and remote communities[6].

ASTHMA PREVENTION MUST BE PART OF THE PLAN

Asthma is distinct from other chronic conditions such as heart disease or diabetes, given its primary risk factors are environmental, genetics and largely beyond individual control. Triggers such as air pollution, bushfire smoke, pollen, viruses, cold weather and poor housing quality are unpredictable and disproportionately impact children, low-income households, and First Nations peoples. To address this, coordinated government action and effective responses that go beyond clinical care are required to address the structural and environmental drivers, such as stronger air quality standards, healthier housing, climate change resilience, and community awareness.

Despite the prominent role of environmental factors in asthma, modifiable risk factors, including smoking, obesity and unhealthy diet, are known to contribute to a worsening of asthma symptoms. Since people with poorly controlled asthma are more likely to report lower quality of life scores and are at a higher risk of hospitalisation and mortality from their asthma, it is imperative both environmental and modifiable risk factors for asthma are addressed when considering preventive health strategies.

Asthma, social determinants of health and the Plan

The Plan's commitment to addressing social determinants of health, including housing and education, have the potential to improve the environments of people with asthma supporting them to manage their symptoms, stay out of hospital and contribute to their communities.

Housing

The Plan does not clearly articulate an approach to housing. Increasing housing supply to address overcrowding and homelessness is essential to reducing housing stress and enabling people to access stable, secure homes. Safe and secure housing is a fundamental determinant of good health. Policy measures to improve the quality of existing housing would also contribute to improving health outcomes for the occupants. This includes the provision of adequate and safe heating and cooling, noting the use of wood heaters and gas are associated with poorer health outcomes compared with electric-powered options, the prevention and removal of mould and the replacement of gas appliances.

Mould in houses is common in damp areas and can grow in poorly ventilated and maintained homes. No amount of mould is considered safe for health, with inhalation of airborne spores from mould associated with irritation of the airways and allergic responses[11]. These reactions can lead to asthma flare-ups and a range of other health issues. Likewise, exposure to air pollutants from the use of gas heating (unflued) and cooking or wood heaters, including fine particulate matter and nitrogen dioxide, can cause asthma flare-ups and contribute to the development of asthma[12,13].

The Plan should mandate the incorporation of housing features known to reduce asthma risk and support health and wellbeing in both newly built homes, and existing housing stock. This includes (but is not limited to); adequate and appropriate ventilation to disperse air pollution, prevent indoor airborne hazards such as mould, support thermal comfort, and reduce energy costs; and electrification of heating, cooling and cooking systems to reduce indoor air pollution and greenhouse gas emissions[14].

Education

Health literacy is one of the most powerful and cost-effective levers for improving health outcomes, yet it remains critically underfunded and underutilised in asthma care. While the Plan acknowledges education as a social determinant of health, low asthma health literacy continues to be a significant barrier to effective self-management.

Many individuals with asthma lack the necessary knowledge and skills to understand, manage, and prevent their symptoms effectively; resulting in asthma care that is unplanned and managed in the moment. This gap contributes to avoidable emergency visits, poor disease control, increased healthcare expenses and deepening health disparities, particularly among at risk populations[15].

Addressing asthma health literacy is both a clinical necessity and a public health imperative. A partnership between the South Australian Government, Asthma Australia and key primary care workforce members would strengthen the Plan's health literacy objectives and extend their reach to explicitly include asthma.

A summary of recent Asthma Australia partnerships and projects in South Australian communities is outlined at *Asthma Australia's community partnerships in SA*.

Vaccination

Vaccination is a safe, simple, and effective way to reduce the risk of serious illness in the community and prevent vaccine-preventable conditions contributing to significant health system expenditure. The National Preventive Health Strategy 2021-2030 acknowledges while childhood vaccination rates are high, vaccine uptake amongst adults is suboptimal. For asthma, this is significant as respiratory

infections, including colds, flu and other viruses, are the leading trigger of asthma flare-ups in Australia, often causing severe attacks that require hospital care.

Vaccination is a cornerstone of preventative health, yet it is absent from the Plan. For people living with asthma, timely vaccination against respiratory and seasonal viruses is not optional, it is a critical component of effective disease management.

Asthma Australia recommends Preventive Health SA includes an explicit goal to improve vaccination health literacy and expand access to vaccinations for South Australians living with asthma. Priority vaccines should include those targeting respiratory viruses like influenza, Respiratory Syncytial Virus (RSV) and COVID-19, as well as vaccines for conditions with a disproportionately serious impact on people with asthma, including whooping cough, pneumococcal disease and shingles. Each of these vaccines is available on the National Immunisation Program for at risk cohorts, making this a high value, low-cost opportunity to reduce preventable asthma exacerbations and hospitalisations.

Asthma, modifiable risk factors and the Plan

The Plan rightly targets several modifiable risk factors that drive a significant proportion of chronic disease burden in South Australia and nationally. Among these, tobacco and e-cigarette use, obesity and poor nutrition are also well-established contributors to the development and/or worsening of asthma symptoms, making their inclusion in the Plan directly relevant to asthma outcomes.

The Plan should incorporate targeted messaging on the role of preventive health measures in asthma management to build community awareness and drive behaviour change. Asthma Australia is well placed to partner with Preventive Health SA to deliver targeted risk-reduction initiatives in communities with high asthma prevalence.

Tobacco use

Cigarette smoking can significantly worsen asthma outcomes and increase the complexity of disease management. While smoking is not an established cause of asthma, it is associated with more severe symptoms, poorer disease control and an accelerated decline in lung function. Smokers with asthma often develop heightened airway inflammation and structural airway changes, which contribute to reduced responsiveness to asthma medicines, particularly inhaled corticosteroids (anti-inflammatory reliever medicines)[16], which are now considered the first line of treatment for both asthma flare-ups and general asthma management.

Both active and passive smoking adversely affect asthma control. Smoking cessation is a critical intervention, with evidence showing improvements in asthma symptoms, lung function, treatment responsiveness and decreased healthcare utilisation following quitting.

Obesity

Obesity is a known risk-factor for developing asthma and people with obesity can experience more severe asthma symptoms, more frequent exacerbations, and a poorer quality of life. Obesity can reduce responsiveness to standard asthma treatments and is associated with changes in lung function. While the relationship between obesity and asthma is complex, growing evidence suggesting weight loss can improve asthma symptoms and disease control[17].

Unhealthy diet

Evidence suggests people with asthma are more likely to have pro-inflammatory dietary patterns, characterised by consumption of highly processed foods, and low intake of fruit and vegetables.

These patterns are associated with poorer lung function and elevated systemic inflammation, both of which can compromise asthma control. Improving dietary quality therefore represents a meaningful and underutilised strategy for better asthma outcomes[18].

ASTHMA AUSTRALIA'S COMMUNITY PARTNERSHIPS IN SA

Asthma Australia has developed and refined an effective model for delivering community-based programs in South Australia, built on embedding within communities and working in genuine partnership to address local needs. Through a trust-based, culturally responsive approach that centres lived experience, Asthma Australia builds strong relationships, co-designs solutions with community members and local services, and fosters the development of knowledge, confidence and skills people need to manage their asthma effectively. This model demonstrably improves self-management, strengthens connections to care, reduces stigma and creates sustainable, community-owned outcomes.

This approach directly advances the objectives of South Australia's prevention strategy, providing a proven model for how system change can be delivered in practice. Asthma Australia enables communities, builds local capability, and embeds partnerships across services and community networks, contributing to a more coordinated, responsive and sustainable prevention system.

Asthma Australia is ready to partner with Preventive Health SA to design and deliver programs aligned with the Plan's goals, targeting communities where asthma prevalence and burden is greatest. Importantly, using qualitative data about the life experience with asthma across seven domains, Asthma Australia has developed a readiness rubric, which is a validated and robust tool to determine a community's sentiment position to respond to health initiatives. It provides a strong basis to develop effective and local strategies for lasting impact beyond funding cycles as well as inter-community comparisons to support larger scaling up.

Bookooyanna (Point Pearce, SA) community program

Asthma Australia's community-led program in Bookooyanna (Point Pearce, SA) demonstrates what culturally safe, place-based care can achieve in a First Nations community experiencing significant disadvantage.

Grounded in sustained engagement and strong partnerships with the local health clinic and community, the program delivered measurable improvements across all areas of asthma management. Every individual with asthma in the community now has a written Asthma Action Plan, supported by improved inhaler and spacer technique and stronger medication adherence. Practical barriers to care were addressed through the provision of over 300 spacers, tailored asthma kits, and direct assistance accessing prescriptions.

The program also generated significant gains in trust and community agency, with increasing self-referrals, peer referrals, and community-led advocacy. Care coordination improved markedly across the clinic, visiting GPs, and the school, elevating asthma as a recognised local health priority.

Beyond clinical outcomes, community and school-based activities raised awareness, while initiatives including yarning circles and art projects strengthened mental health, cultural connection, and social inclusion, demonstrating broader wellbeing benefits of a holistic, community-led approach.

Community responses to asthma in the Mid North

Asthma Australia co-designed and co-planned this project across the Mid North of South Australia – Jamestown, Peterborough, Orroroo and surrounding areas – where asthma prevalence and hospitalisation rates are disproportionately high. The project set out to reduce preventable hospitalisations by developing a community-led model of care grounded in lived experience and local context.

Local people with asthma were trained as peer researchers and worked alongside community members and health professionals to identify challenges and co-design practical solutions. This approach built genuine community capacity, trust and collaboration, with peer researchers emerging as skilled, confident advocates for asthma in their communities.

The project engaged over 100 participants, significantly increasing asthma awareness and strengthening community involvement. Collaboration deepened across people living with asthma, health professionals and regional stakeholders, supporting clearer and more accessible pathways to care. Stigma reduced measurably, with asthma becoming a more visible and openly discussed health issue across the region.

Through the co-design process, 15 solutions were developed, with two prioritised for implementation: “Asthma Advocacy Guides” and a “Community Connector” model to provide local support, reliable information and links to care.

The project’s most significant achievement was shifting asthma from an individual clinical issue to a shared community responsibility, establishing a sustainable foundation for, community-driven improvements in asthma care that extend well beyond the life of the project.

CONSULATION SURVEY

Overall, how well does the draft Strategic Plan explain what Preventive Health SA is trying to achieve and how they plan to achieve it? What would make it clearer or easier to understand?

The draft Strategic Plan is mostly clear in its intended goals and the social determinants of health and modifiable risk factors it will focus on to improve health outcomes for people in South Australia.

The Plan does not explain in detail how it will approach improvements to housing. While Asthma Australia acknowledges this is a strategic, rather than an implementation plan, the effectiveness of housing policies in improving health outcomes will depend on the government’s commitment to raising the quality of existing housing, in addition to building more new homes.

Asthma Australia urges Preventive Health SA to be ambitious in its approach to addressing social determinants of health. The people most at risk in our community often experience poorest health outcomes and face the greatest barriers to accessing care. Without genuine commitment and investment from government to improve social determinants of health, health equity in these groups will not be realised.

Greater clarity on how the government intends to address these determinants, including housing, would significantly strengthen the Plan and provide greater confidence that ambition will translate into action for those who need it the most.

Communities and partners: How well does the draft Strategic Plan reflect the needs and experiences of the people and communities you know or work with, including Aboriginal people and other groups who experience inequity? What does success look like and what changes would make it more relevant and workable in practice for you or your organisation?

For populations experiencing inequality, addressing the social determinants of health in addition to disease risk factors is essential. The Plan is clear in its intention for communities to be involved in the development and implementation of interventions to improve public health, in partnership with Preventive Health SA, health providers and/or other organisations. This is crucial to ensure long-term community engagement and sustained participation in programs that improve health outcomes.

Asthma Australia has demonstrated a highly effective model for delivering community programs in South Australia, built on embedding within communities and working in genuine partnership to address local needs. Improved prevention and management of asthma is achievable within the existing goals and aims of the Plan, and Asthma Australia is well placed to support this work.

For long-term health outcomes, communities must have access to primary health care services including GPs and other allied health professionals who can support chronic disease management, health literacy and referral to specialist care when required.

For First Nations communities, the Plan's commitment to working with the South Australia Aboriginal Community Controlled Organisation Network to build effective public health responses with the Aboriginal Community Controlled Sector is essential to supporting culturally safe care from trained health and medical professionals. The Aboriginal Health Council of South Australia, as the central voice for health, advocacy and sector development should be an instrumental partner as are regional Aboriginal Health Advisory Councils.

For other groups that experience inequity, including culturally and linguistically diverse populations, people living in rural and remote areas, women, people experiencing socioeconomic disadvantage, the Plan is less clear on how access to primary care services will be improved. Many regions in South Australia face medical workforce shortages, particularly outside of major cities. The Plan does not address strategies to improve access to primary care services, nor does it articulate how Preventive Health SA will work with the Federal Government on solutions in alignment with the *Australia's Primary Health Care 10 Year Plan 2022–2032.*

Success, for Asthma Australia, looks like communities that are informed, empowered and connected to the care that they need, where trust in health services is strong, health literacy is high and no person's postcode or background determines their asthma outcomes. One of Asthma Australia's key achievements through its community programs has been improving community trust in and links with health services. The availability of an appropriate primary care workforce must be a priority if the Plan is to deliver on its equity commitments.

Anything else? Is there anything else you would like to tell us about the draft Strategic Plan, or any other suggestions you have to strengthen preventive health action in South Australia?

The Plan acknowledges that where people live can influence their ability to live healthy lives, yet stops short of articulating a specific strategy to improve health outcomes in regional and rural and remote areas. This is a significant omission. Data across asthma and many other chronic diseases consistently shows higher disease prevalence and/or severity with increasing rurality, and the health equity gap facing rural and remote communities is now recognised at the highest levels of policy.

The latest National Health Reform Agreement (NRHA) Addendum for 2026-2031 includes a dedicated schedule (schedule F) focused solely on this rural and remote health inequity, acknowledging that cross-agency partnerships and targeted action on the social and environmental

determinants of health are fundamental to improving outcomes for current and future generations[19].

Asthma Australia encourages Prevention Health SA to develop a clear and explicit approach to rural communities with the Plan, drawing on the framework established by the NRHA Schedule F as a foundation for coordinated place-based action.

ABOUT ASTHMA AUSTRALIA

Asthma Australia is the nation's peak body representing nearly 2.8 million Australians living with asthma. Our work is grounded in evidence and informed by the lived experience of people with asthma. Our programs reflect a commitment to outcomes-focused, equity-driven reform, integrating community insight and clinical expertise to strengthen person centred asthma care.

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