



Asthma Australia Submission to the Australian Government Department of the Treasury

Pre-Budget Submission 2021–22

January 2021

ABOUT ASTHMA AUSTRALIA

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, or 2.7 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.

Asthma Australia's purpose is to help people breathe better so they can live freely. We deliver evidence-based prevention and health strategies to more than half a million people each year. To ensure people can access effective treatments and best practice healthcare for their asthma, we work directly with people with asthma, their family and friends, health professionals, researchers, schools and governments. This way, we can ensure people with asthma are supported with education and access to high-quality information and care where they live, work and play in all stages of life.



Asthma in Australia

Asthma is one of the most common chronic conditions in Australia, with high prevalence rates by international comparison. Around 2.7 million Australians (11% of the total population) have asthma.¹ Asthma affects people of all ages.

People with asthma experience poorer health outcomes and quality of life.² People with asthma may live for a long period of time with its associated disability, and experience reduced participation in the workforce, school, childcare, sports and social events. Asthma is the 10th leading contributor to the overall burden of disease in Australia and the leading cause of burden of disease for people aged 5-14 years.³

In 2019, there were 436 deaths due to asthma in Australia.⁴ Approximately 400 people die each year due to asthma.⁵ Asthma mortality⁶ and hospitalisations⁷ in Australia are high by international standards. Hospitalisations due to asthma are costly: on average, each emergency department presentation for asthma costs \$443, an uncomplicated hospital admission costs \$2,591 (approximately 1.5 hospital days) and a complicated admission costs \$5,393 (approximately three hospital days).⁸ The estimated cost of asthma in Australia in 2015 was \$28 billion.⁹ This equates to \$11,740 per person with asthma and includes \$24.7 billion attributed to disability and premature death.¹⁰

Introduction

Asthma Australia welcomes the opportunity to detail funding priorities for the 2021–22 Budget that will benefit the 1 in 9 Australians who have asthma. Our submission focuses on the following priority issues:

1. Supporting Australians to protect themselves against the impacts of bushfire smoke and other sources of air pollution
2. Increasing investment in preventive health and reducing smoking prevalence
3. Improving health literacy and self-management of medical conditions
4. Increasing funding to bridge the gap between research-based knowledge and practice and reduce the economic burden of asthma

The 2021–22 Budget is an opportunity to continue and increase investment in health measures. Investing in the above priorities has the potential to deliver significant benefits to people with asthma as well as to the broader community. The ongoing COVID-19 pandemic continues to reinforce the importance of public health. Prevention should be at the top of the health agenda with the *National Long Term Health Plan* reforms well underway. The *National Preventive Health Strategy* in particular holds strong potential to improve health and quality of life outcomes. We know that investing in preventive health delivers strong returns. Finally, the smoke crisis that accompanied the catastrophic 2019–20 bushfires revealed the need to invest in consumer education so people can protect themselves against the negative impacts of unhealthy air.



Funding priority 1: Supporting Australians to protect themselves against the impacts of bushfire smoke and other sources of air pollution

The catastrophic 2019–20 bushfires caused a public health emergency with millions of Australians exposed to bushfire smoke for prolonged periods. The bushfire smoke crisis added to the direct bushfire impacts already felt by communities threatened by the fires.

Bushfire smoke emits airborne particles which can be harmful to people's health. People with respiratory conditions including asthma are particularly vulnerable to the negative impacts of bushfire smoke exposure, as are people with cardiovascular disease, type 2 diabetes, pregnant people, infants, children and elderly people.¹¹

Asthma Australia's research has shown existing public health messaging did not appear to help Australians seeking to reduce their exposure to bushfire smoke during the 2019-20 bushfires. Our survey of 12,000 people conducted during the bushfires revealed exposure to smoke resulted in financial strain, reduced social participation and poor mental health for many respondents. Respondents with asthma were more likely to report these outcomes.

We are beginning to understand the health and financial impacts of the 2019–20 bushfire smoke crisis in more detail. Modelling has estimated bushfire smoke exposure resulted in 417 excess deaths, 1,124 hospitalisations for cardiovascular problems, 2,027 hospitalisations for respiratory problems, and 1,305 emergency department presentations for asthma.¹² The cost of this health burden has been estimated at \$1.95 billion.¹³

PROPOSAL: Provide funding of \$1.5m over two years to Asthma Australia for an AirSmart health promotion campaign to minimise the health impacts of poor air quality

Asthma Australia is seeking funding to develop, implement and test an AirSmart health promotion campaign. Our Bushfire Smoke Impact Survey showed that Australians are not able to protect themselves during periods of sustained bushfire smoke. They need real time, local air quality information as well as guidance on the appropriate strategies to employ in response to worsening air quality in order to minimise health impacts.

An AirSmart campaign would educate and empower people with the information, tools and strategies they need to minimise or avoid exposure to unhealthy air. This would include targeted information for people who are particularly vulnerable to poor air quality.

In addition to improving understanding of air pollution levels, AirSmart would improve environmental health literacy. This would help Australians interpret health advice provided during times of crisis and take action to minimise the impact of air pollution on their health.

AirSmart aims to do for exposure to unhealthy air what SunSmart did for exposure to ultraviolet radiation: SunSmart has successfully educated Australians around the dangers of UV and provided strategies to enjoy the outdoors safely through the *Slip, Slap, Slap!* campaign. A recent evaluation of the 20-year campaign in Victoria showed that SunSmart contributed to the reduction in melanoma among younger cohorts.¹⁴



The AirSmart concept originated with the Public Health Association of Australia, which articulated the need for the campaign in its pre-Budget submission in January 2020.

Key elements of developing the AirSmart campaign include:

- **Consumer research** to understand the current level of knowledge and understanding in the community, identify insights to develop powerful creative, and test messaging and concepts for resonance.
- Development of a multifaceted **public health promotion campaign** that would use a range of channels in which people seek and are most receptive to messages about air quality.
- Enhance and extend the use of an existing **air quality app**, e.g. AirRater. AirRater provides real time air quality information. Users can record symptoms, and the underlying algorithm will learn at what air quality levels the user experiences symptoms and provide notifications so the user can proactively avoid exposure. AirRater is also a public health research project which users can opt into participating in, providing a valuable mega data set to better understand the health impacts of environmental exposures.

If successful in seeking funding, Asthma Australia would continue to build on learnings to refine and improve the campaign for future bushfire seasons, as well as to broaden the focus of AirSmart beyond bushfire smoke to other airborne pollutants which adversely impact health.

RECOMMENDATION 1: Asthma Australia seeks funding from the Australian Government of \$1.5M over two years to research, design and test the AirSmart campaign in at least one jurisdiction.

Item	2021/2022	2022/2023
Consumer research	\$120,000	-
Health promotion campaign – design and implementation	\$400,000	\$550,000
Data and technology; app enhancement	\$250,000	\$100,000
Evaluation	\$20,000	\$60,000
Total	\$790,000	\$710,000

PROPOSAL: Extend the Essential Medical Equipment Payment to include asthma as an eligible condition and air purifiers as eligible equipment to help low-income Australians limit their exposure to unhealthy air in their homes and the associated health impacts

Asthma Australia’s Bushfire Smoke Impact Survey revealed the financial burden experienced by people exposed to poor air quality, especially people with asthma. Bushfire smoke contributed to “financial stress” in 25% of people with asthma and 13% of people without asthma.¹⁵ Participants reported the financial impacts of bushfire smoke included the costs of purchasing and running air



conditioners and running air purifiers. Some reported increased financial stress as a result of taking actions to protect themselves, while others said they were unable to take steps to protect themselves due to the costs.¹⁶

For example, one participant in our survey stated in response to how Asthma Australia and governments can support them:

Financial support would be huge for me, offering free p2 masks, offering discounted ventolin, an air quality update app, discounted air cleaners, better management of bushfires before summer, action on global warming and climate change, more climate and environmental representatives/advocates in government, free asthma checks, free asthma or air quality management kit (masks, info booklet, health information, etc.)

When air quality is bad, many people with asthma operate air purifiers with HEPA filters or run air conditioning to reduce their risks of an asthma flare-up. Air purifiers can be highly effective in minimising exposure to bushfire smoke when used as recommended by the manufacturer in a well-sealed room.¹⁷ However, the costs of purchasing and running air purifiers and air conditioners during periods of sustained poor air quality can be prohibitive for many people with asthma. Another participant in our survey informed us of their inability to “afford air conditioning” and described “problems buying an air purifier”, noting that “[s]ealing an old 60s/70s flat [is] difficult.”

The Essential Medical Equipment Program, administered by Services Australia, provides people with a Commonwealth Concession Card who have an eligible medical condition an annual payment of \$160 towards the energy costs for “medically required heating or cooling, and each piece of qualifying essential medical equipment”.¹⁸ However, the current scheme does not include asthma as an eligible medical condition to receive the payment for medically required heating or cooling. Further, the scheme does not include air purifiers in the list of eligible medical equipment.

RECOMMENDATION 2: Asthma Australia asks the Australian Government to extend the ‘Essential Medical Equipment Payment’ to people with asthma and air purifiers to reduce the financial barrier to minimising the health impacts of bushfire smoke.



Funding priority 2: Increasing investment in preventive health and reducing smoking prevalence

Asthma Australia notes that short-term project grants dominate funding models in Australia, rather than investment into longer-term structural reforms. Sustained investment in preventive health is required to realise significant gains.

Many preventive health interventions are cost-effective, allowing Australians to live longer with better-quality lives and reducing the need to treat expensive diseases.¹⁹ For example, evidence shows that for every dollar invested in selected public health interventions in high income countries, there was a \$14 return on that investment.²⁰

For over a decade, the Australian Government's spending on preventive health has equated to less than 2% of the health budget.²¹ Without increased and sustained investment in preventive health, our health system will continue to be reactive, treating people whose acute health conditions could have been avoided with earlier intervention.

PROPOSAL: Committing to a 5% target of health expenditure for prevention and public health measures

Asthma Australia strongly supports increasing investment in preventive health. As a fundamental measure to prevent disease and promote good health, Asthma Australia supports calls by public health and consumer stakeholders for a target of 5% of health expenditure for prevention and public health measures.²² Health economists have suggested that from a cost-effectiveness perspective alone, Australia could and should spend more on preventive health.²³

RECOMMENDATION 3: Asthma Australia recommends increased expenditure on preventive health in Australia, including a target of 5% of health expenditure for prevention and public health measures.

PROPOSAL: Investment in the National Preventive Health Strategy

Preventing disease is one of the main objectives of the Australian Government's *Long Term National Health Plan*. As part of this reform agenda, a National Preventive Health Strategy is being developed which requires funding support to resource implementation and ongoing evaluation.

RECOMMENDATION 4: Asthma Australia recommends appropriately and adequately resourcing the National Preventive Health Strategy to enable effective implementation, including monitoring and reporting outcomes against baseline measures.

PROPOSAL: Increased and targeted investment in reducing smoking rates

Smoking is a leading risk factor for chronic disease and death, including many types of cancer and heart disease. People with asthma are more likely to be current daily smokers compared to people without asthma.²⁴ People with asthma are also less likely to have never smoked compared to people without asthma.²⁵ As the Australian Institute for Health and Welfare has noted:



Tobacco use or exposure to environmental tobacco smoke are risk factors associated with the development of asthma. The interaction between exposure to tobacco smoke and development of asthma symptoms varies with age. Parental smoking during pregnancy or infancy is linked to asthma symptoms in children, and smoking by a parent or child/adolescent is linked to asthma symptoms in adolescence.²⁶

We therefore strongly support Cancer Council Australia’s package to reduce tobacco use that is outlined in their pre-Budget submission. We believe this package of reforms will, together with existing Australian Government initiatives, work to achieve the Government’s intention to reduce the national adult daily smoking rate to below 10% of the population by 2025. The Cancer Council’s proposals will not only increase revenue for the Government, but will also reduce health care expenditure.



Funding priority 3: Improving health literacy and self-management of medical conditions

Areas of weakness in health practice exist in Australia, including the health status and life expectancy of Australia's Aboriginal and Torres Strait Islander peoples (which are much lower than the general population), and the inequitable distribution of health outcomes and risk factors across socio-economic groups.²⁷ According to the World Health Organization, social inequities and disadvantage are the main reason for unfair and avoidable differences in health outcomes and life expectancy across groups in society.²⁸

Addressing these areas of weakness should be a priority for the 2021–22 Budget to increase the life expectancy and quality of life for all people with serious health issues, and in turn reduce the economic burden on the health system.

PROPOSAL: Investing in consumer education, training and support to develop health literacy

Information needs to be understood, accessed and used. We need to look at different ways of communicating – not always in words. One size doesn't fit all.

- Person with asthma

The 2021–22 Budget presents the Australian Government with an opportunity to invest in health literacy, which will empower individuals to educate themselves. Health literacy is the ability of individuals to gain access to, understand and use information in ways which promote and maintain good health for themselves, their families and their communities.²⁹ Only 41% of adults have the level of individual health literacy needed to meet the complex demands of everyday life, such as understanding and following health advice and making good health care choices.³⁰

Asthma Australia calls for greater investment in consumer education, training and support to improve health literacy, health knowledge and self-management skills. In the asthma context, this means giving people the information, education, resources and tools they need to prevent, control and effectively manage asthma.

Asthma Australia supports the identification of a national health literacy strategy as a priority policy proposal in the recently published *Self-care for health: a national policy blueprint*.³¹

RECOMMENDATION 5: Asthma Australia recommends greater investment in consumer education, training and support to develop health literacy, including the development of a national health literacy strategy.

PROPOSAL: Investing in technology to improve self-management

Asthma Australia supports greater investment in technology in order to activate self-management at scale and believes that such investment should be made in the 2021–22 Budget. *Self-care for health: a national policy blueprint* states, "self-management...[describes] self-care relating to established health conditions".³² Most people with asthma can self-manage their condition, and the evidence supports this approach: self-management has the potential to almost halve the risk of hospitalisation.³³



In the asthma context, consumer self-management would be strengthened with support for:

- Portable, accessible and integrated medical records to support consumers to access the health care they need when they need it.³⁴ This will avoid the trauma consumers associate with re-telling their story.
- Digital asthma action plans, in order to increase access to and uptake of asthma action plans, as less than one-third (31%) of people with asthma have an asthma action plan, despite the recommendation that every person with asthma have one.³⁵
- mHealth technology linked to smartphones to support people with some of the challenges of self-managing their asthma – tracking inhaler use, inhaler technique, avoiding triggers and recognising worsening symptoms.

RECOMMENDATION 6: Asthma Australia recommends greater investment in technology to help activate self-management at scale, including: portable, accessible and integrated medical records; digital asthma plans; and linking mHealth technology to smartphones.



Funding priority 4: Increasing funding to bridge the gap between research-based knowledge and practice and reduce the economic burden of asthma

Asthma Australia calls for the Australian Government to include targeted investments in evidence-based preventive health interventions in the 2021–22 Budget, such as measures to increase diffusion of best practice and bridge the gap between research-based knowledge and practice.

One of the eight principles underpinning the *National Asthma Strategy 2018*, is that “rigorous, relevant and current evidence informs best practice and strengthens the knowledge base to effectively prevent and manage asthma and other chronic conditions”.³⁶ The strategy goes on to call for a National Asthma Research Agenda, which will focus, coordinate and translate quality research into policy and practice.³⁷

Best practice asthma care is both effective and efficient. It results in improved health outcomes and quality of life for people with asthma, and substantial reductions in asthma morbidity and associated costs.³⁸ It may also improve outcomes for other chronic conditions that commonly coexist with and can affect asthma.

PROPOSAL: Investment to bridge the gap between research-based knowledge and practice

Research into chronic conditions, including asthma, should be a priority for the Australian Government. Around half of Australians have one or more chronic conditions³⁹ and the cost of treating chronic disease accounts for more than a third of the national health budget. In the 2019 Organisation for Economic Co-Operation and Development report *Health at a Glance*, Australia ranked in the bottom three performing economies for asthma-related hospital presentations.⁴⁰ Investment is needed to strengthen the evidence base for asthma prevention through research, evidence and data.

Investing in the gap between research-based knowledge and practice will require a focus on implementation of science and health service research. Education, training and support for consumers and the workforce will also be critical to ensure prevention efforts reflect new scientific discoveries. Without such investment, there will not be a significant reduction in asthma-related hospital presentations and the cost of treating chronic disease will continue to be a burden on the Budget.

RECOMMENDATION 7: Asthma Australia recommends investment to bridge the gap between research-based knowledge and practice, including increased funding for:

- Implementation science and health service research
- Consumer education, training and support
- Workforce education, training and support



PROPOSAL: Investment in asthma research to reduce the economic burden of the disease on the health system

More research needs to be undertaken into understanding how to prevent the onset of asthma. Preventing asthma in childhood prevents lifelong illness, reduced quality of life and future airways disease. An investment in early prevention would therefore divert people from engaging with the health system, and in turn would reduce the economic burden on the health system.

Asthma Australia recommends investing in asthma research and strengthening emerging evidence to better understand how to prevent the onset of asthma (primary prevention of asthma), and to prevent and delay disease progression (secondary and tertiary prevention). This investment needs to be in addition to the funding provided for research through the Medical Research Future Fund.

RECOMMENDATION 8: Asthma Australia recommends investing in asthma research to better understand how to prevent the onset of asthma and to prevent and delay disease progression.



Summary of recommendations

RECOMMENDATION 1: Asthma Australia seeks funding from the Australian Government of \$1.5M over two years to research, design and test the AirSmart campaign in at least one jurisdiction.

RECOMMENDATION 2: Asthma Australia asks the Australian Government to extend the ‘Essential Medical Equipment Payment’ to people with asthma and air purifiers to reduce the financial barrier to minimising the health impacts of bushfire smoke.

RECOMMENDATION 3: Asthma Australia recommends increased expenditure on preventive health in Australia, including a target of 5% of health expenditure for prevention and public health measures.

RECOMMENDATION 4: Asthma Australia recommends appropriately and adequately resourcing the National Preventive Health Strategy to enable effective implementation, including monitoring and reporting outcomes against baseline measures.

RECOMMENDATION 5: Asthma Australia recommends greater investment in consumer education, training and support to develop health literacy, including the development of a national health literacy strategy.

RECOMMENDATION 6: Asthma Australia recommends greater investment in technology to help activate self-management at scale, including: portable, accessible and integrated medical records; digital asthma plans; and linking mHealth technology to smartphones.

RECOMMENDATION 7: Asthma Australia recommends investment to bridge the gap between research-based knowledge and practice, including increased funding for:

- Implementation science and health service research
- Consumer education, training and support
- Workforce education, training and support

RECOMMENDATION 8: Asthma Australia recommends investing in asthma research to better understand how to prevent the onset of asthma and to prevent and delay disease progression.



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