



# **Asthma Australia Submission to the Australian Capital Territory Treasury**

## **Pre-Budget Submission 2023-24**

**April 2023**



## Budget Proposals

The Asthma Australia submission focuses on the following funding proposals for consideration in the 2023-24 Budget:

Proposal	Investment
1. Contribute funding for a national AirSmart public education campaign to reduce the health impacts of air pollution.	\$315,000 over two years
2. The ACT Wood Heater Replacement Program cover the full cost of replacement for people on low incomes with asthma; and the Home Energy Support Program be expanded to include people on low incomes with asthma and owners of rental properties.	<p>The current ACT Wood Heater Replacement Program provides a rebate of \$750 to remove a wood heater and install an electric reverse-cycle split system or upgrade and electric reverse-cycle system with a 3-star energy rating or higher. The cost of a reverse cycle air conditioner with a 3-star rating starts at around \$500 and installation can cost between \$600-\$1000. Covering the full cost for people on low incomes with asthma would require an average additional investment of approximately \$350 per installation (at the lower cost end and for an uncomplicated removal).</p> <p>Expanding the Home Energy Support Program to people on low incomes with asthma and owners of rental properties would result in an increased cost to the Program itself, however, it would create safer home environments for people with asthma and further address environmental impacts by expanding the number of households with cleaner and more efficient heating, cooling and cooking.</p>
3. Require all new housing developments and individual houses in the ACT to be wood heater free.	<p>Budget savings measure.</p> <p>This would achieve a future budget saving, as it will lead to a reduction in costs for the wood heater replacement programs over time through offsetting the need for replacements.</p>
4. Investing in HEPA (high-efficiency particulate absorbing) air purifiers to improve the air quality in the homes of people with asthma on low incomes.	The average cost of an air purifier with a HEPA filter is \$500. As an estimate, annual funding of \$50,000 would provide approximately 100 air purifiers per year.



<p>5. Invest in a trial of low-cost air quality sensors as a part of the implementation of the ACT Government’s Bushfire Smoke and Air Quality Strategy 2021-2025</p>	<p>Costs to be determined based on the most appropriate technology for the ACT and its population size.</p>
<p>6. Fund the ACT Refugee Community Connector pilot program focussing on asthma and respiratory care to assist the integration of refugees to local primary care services and reduce the burden on acute care services.</p>	<p>\$152,586 for a one-year pilot</p>



## 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 1 in 9 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 the ACT

### Impact on the health system and the community

In the Australian Capital Territory (ACT), one in eight (12.1%) people have asthma, higher than the national average of one in nine people (11%).<sup>1</sup> The ACT also has the highest rate of allergic rhinitis in Australia with 29% of the population reporting symptoms of allergic rhinitis in 2017–18 compared to all other states and territories.<sup>2</sup> Thunderstorm asthma events are not uncommon in the ACT and affect people with asthma and people with allergic rhinitis.

For Aboriginal and Torres Strait Islander people in the ACT, asthma is one of the most common self-reported chronic health problems among Indigenous populations.<sup>3</sup> The *2021–24 ACT PHN Needs Assessment*<sup>4</sup> notes that: '[t]he gaps between Indigenous and non-Indigenous populations in the ACT in terms of asthma, mental and behavioural conditions were most significant, with the rates of Indigenous populations being about twice as prevalent as those in non-Indigenous populations.'<sup>5</sup>

Asthma is the 8<sup>th</sup> leading contributor to the overall burden of disease in Australia, having risen from 10<sup>th</sup> place in 2003 to 9<sup>th</sup> place in 2018. Asthma is the leading cause of burden of disease for people aged 5–14 years, which has remained unchanged since 2018.<sup>6</sup>

Asthma can both be caused and exacerbated by conditions related to the warming climate, which means asthma outcomes will worsen as climate change impacts increase. People with asthma experience poorer health outcomes and quality of life.<sup>7</sup> People with asthma may live for a long period of time with the disability associated with the condition, and experience reduced participation in paid employment, education, care responsibilities, sports and social events.

Nationally there were 417 deaths due to asthma in 2020<sup>8</sup> and in the ACT 8 people died due to asthma.<sup>9</sup>

In the ACT in the period 2019–20, asthma (along with chronic obstructive pulmonary disease (COPD), congestive cardiac failure, diabetes complications and iron deficiency anaemia), was one of the most common conditions for chronic condition preventable hospitalisations.<sup>10</sup> Each Emergency Department presentation for asthma costs \$443 on average,<sup>11</sup> and repeated asthma-related presentation to



Emergency Department increased the risk of hospitalisation.<sup>12</sup> Forty per cent of adults and 62% of children re-present to emergency departments within one year of initial presentation.<sup>13</sup> For 2021-22 there were 77,150 emergency department presentations for asthma recorded nationally, of which 40% were admitted to hospital and less than 1% were triaged as non-urgent.<sup>14</sup>

### The home environment

The home environment is particularly important for people with asthma and allergies, who are sensitive to substances we all breathe. These substances are referred to as ‘triggers’ because they can trigger asthma or allergy symptoms. Indoor air pollution from heating with gas or wood heaters and using gas cooktops produces a range of pollutants and can worsen indoor air quality, and exposure to mould and dampness can lead to a range of health problems. Exposure to these triggers can cause asthma flare-ups and contribute to the development of asthma.<sup>15</sup>

A nationally representative survey of 5,041 people by Asthma Australia in 2022 found that homes are not healthy places for all Australians, particularly for people with asthma or allergies. One quarter of Australians (24%) are not happy or are unsure about the air quality inside their homes. Among people with asthma and allergies, three in ten reported that their symptoms are worse after spending time in the home.<sup>16</sup>

Changing weather patterns due to climate change have reinforced the importance of housing in providing protection from cold, heat and other extreme weather events.<sup>17</sup> Governments across Australia in regions that have experienced torrential rain and floods, have recognised the impact of this on people's homes including the increased risk of mould in homes. No amount of mould is considered safe for health.<sup>18</sup>

### Wood heaters

Air quality standards are most frequently breached for fine particulate matter (PM2.5), with common sources being wood heaters, bushfires and dust storms.<sup>19</sup> For example, in 2017:

*... air quality readings above the national standards occurred due to smoke, predominantly due to woodfire heaters. Twelve of the thirteen exceedances for PM2.5 were related to woodfire smoke. The other instance was attributed to a hazard reduction burn. There was also one breach of the PM10 standard which was attributed to hazard reduction burns.<sup>20</sup>*

In addition to fine particulate matter, wood heater smoke contains known carcinogens. There is no ‘safe’ level of air pollution and health impacts can occur even at low levels of pollution.<sup>21</sup> Wood heater smoke is a trigger for asthma symptoms<sup>22</sup> and a risk factor for other respiratory illnesses, certain cancers, cardiovascular disease, premature birth and premature death.<sup>23</sup> These health impacts result in substantial economic costs, which have been estimated at \$3,800 per wood heater.<sup>24</sup> Unlike dust storms and bushfires, pollution from wood heaters can be effectively reduced through well-designed programs to reduce wood heater use.<sup>25</sup>

The Office of the Commissioner for Sustainability and the Environment released in March 2023 the report *Can Canberra ‘Burn Right Tonight’ or is there ‘No Safe Level of Air Pollution’?* investigating wood heater policy in the ACT. The report found that wood heaters have the greatest impact on air quality in the ACT and highlighted the flawed logic of homes permeable to smoke from bushfires being impermeable to PM2.5 pollution from wood heater smoke. There were several recommendations including to phase out wood heaters from ACT suburbs through the establishment of a target date for the replacement of wood heaters with electric alternatives in all ACT suburbs (excluding rural areas),



as has been done for fossil-fuel gas; and that this should be supported through accessible financial support for lower income households.<sup>26</sup>

## Asthma and the 2023-24 ACT Budget

Asthma Australia welcomes the opportunity to detail funding priorities for the 2023–24 Budget. The importance of respiratory health has been highlighted during the COVID-19 pandemic and the 2019–20 bushfire smoke crisis. These events have been particularly difficult for people in the ACT with asthma and their carers, with many turning to Asthma Australia for support. Ensuring we are addressing asthma risk factors and giving people the tools to make lasting changes to live healthy lives is vital. It is particularly important to ensure people with asthma on low incomes receive the support they need to live in healthy home environments.

Asthma Australia’s 2023-24 Pre-budget Submission places an emphasis on air quality with the increasing recognition of the impacts air quality in all settings has on the health of people with asthma and due to environmental and climate change impacts. We are seeking investment in AirSmart, a public education campaign that aims to provide the information, tools and strategies people need to minimise or avoid exposure to unhealthy air, and financial support for people with asthma on low incomes to improve the air quality in their homes by covering the full cost of wood heater replacements and install an electric reverse-cycle split system or upgrade and electric reverse-cycle system. We have also identified a measure to achieve future budget savings by addressing wood heaters in new developments.

We also seek a commitment from the ACT Government to invest in a one-year ACT Refugee Community Connector pilot program focussing on asthma and respiratory care, the purpose of which is to assist the integration of refugees to local primary care services and reduce the burden on acute care services.



## Proposal 1: Contribute funding for a national AirSmart public education campaign to reduce the health impacts of air pollution

There is a gap in Australian public health messaging around the impacts of air pollution which disproportionately affects the health and wellbeing of people with asthma (2.7 million Australians). Asthma Australia has taken the lead on developing and piloting a public education campaign and air quality app called ‘AirSmart’.

AirSmart fills the need for community education and guidance around air quality which was revealed by the 2019–2020 bushfire smoke crisis. This need was recognised by the Royal Commission into National Natural Disaster Arrangements, among other inquiries, following the 2019–20 bushfires. The need for access to air quality information and guidance will only increase as climate change continues to increase the frequency and severity of events causing poor air quality.

AirSmart was developed with the guidance of a panel of environmental and public health experts including from the University of Sydney and the NSW Department of Planning and Environment. AirSmart was piloted in communities across southern NSW, ACT, and regional Victoria over a six-week period in July and August 2022. The pilot was evaluated and showed strong indications that Australians want access to local, responsive air quality information and tools. Engagement in the campaign, as shown by over 16,000 app downloads and 23,000 website views in just six weeks, suggests that air quality is an important issue for many Australians.

AirSmart includes an air quality public health campaign which raises awareness about air quality and promotes the AirSmart app as a source of air quality information:

- **The public health campaign** aims to raise community awareness about poor air quality, and how to interpret health advice, so people can protect themselves against exposure to air pollution and the associated health impacts. This evidence-based educational initiative is an Australian-first, using a mix of traditional and digital media channels to reach the full community. The creative process behind the AirSmart campaign included consumer research and was guided by environmental, public health and social marketing experts. The campaign includes 15 and 30 second television commercials, a radio commercial, social and digital assets, a website, billboards, and an app.
- **The AirSmart app** is a consumer tool for accessing local, real-time air quality information and related health advice. Asthma Australia used human-centred design principles to design the AirSmart app. The AirSmart app provides consumers with localised ‘real-time’ air quality, and strategies to avoid or minimise poor air quality exposure. The app also provides personalised notifications and health advice at specific air quality levels to provide consumers with specific daily advice about the most effective protection.

**Investment requested: Contribute \$315,000 over two years to fund the ACT component of Asthma Australia’s national AirSmart public education campaign to minimise the impacts of poor air quality.**

Table 1: Request for funding from ACT Government: AirSmart costings in the ACT

Item	2023–24	2024-25
Media placement	\$150,000	\$150,000
App development and maintenance	\$3,000	\$2,000
Evaluation and consumer research	\$2,000	\$2,000
Project management costs	\$3,000	\$3,000
<b>TOTAL</b>	<b>\$158,000</b>	<b>\$157,000</b>



## **Proposal 2: The ACT Wood Heater Replacement Program cover the full cost of replacement for people on low incomes with asthma; and the Home Energy Support Program be expanded to include people on low incomes with asthma and owners of rental properties**

Asthma Australia commends the ACT Government for introducing programs to install cleaner and more efficient forms of heating and cooling in their homes. The Wood Heater Replacement Scheme aims to address air pollution caused by wood heaters and the Home Energy Support Program aims to assist people who are unable to afford electrification to reduce energy bills and increase home comfort. Both programs have the potential to improve air quality and reduce greenhouse gas emissions.

Buildings and energy are a priority on the ACT Government's Climate Strategy, including the type of energy used in homes, which affects residents' health, thermal comfort, cost and emissions. Wood heaters also contribute to outdoor air pollution and exacerbate asthma in people living in areas where they are used. Wood heaters are not an efficient or clean form of heating. While heating a home is vital in the ACT during the colder months, it should not expose entire neighbourhoods to toxic air pollution. In 2020, Asthma Australia conducted a representative survey of 25,039 people which found that people exposed to wood heater smoke are largely unable to protect themselves against exposure to its impacts. Further, the survey found the majority of people support regulations to reduce the impact of wood heaters, with stronger support among people with asthma.<sup>27</sup>

The current ACT Wood Heater Replacement Program provides rebates of \$750 to remove a wood heater and install an electric reverse-cycle split system or upgrade and electric reverse-cycle system with a 3-star energy rating or higher and \$1250 to remove a wood heater and install a ducted electric reverse-cycle system. The cost of a reverse cycle air conditioner with a 3-star rating starts at around \$500 and installation can cost between \$600-\$1000. As noted earlier, the Office of the Commissioner for Sustainability and the Environment report investigating wood heater policy in the ACT has recommended the phase out wood heaters from ACT suburbs which should be supported through accessible financial support for lower income households.<sup>28</sup>

Improving the appliances people in the ACT use to heat their homes and cook their food will improve air quality and people's health, as well as reducing greenhouse gas emissions. Cooking with gas is another source of air pollution in homes, with gas cooktops producing a variety of air pollutants, including fine particulate matter, nitrogen dioxide, carbon monoxide, and formaldehyde. Similarly, gas heaters produce a variety of air pollutants, and unflued gas heaters are particularly dangerous because these pollutants remain inside the home rather than being vented outside. The pollutants produced by wood heaters can also worsen indoor air quality. Exposure to the pollutants produced by gas cooktops and gas and wood 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.<sup>29</sup>

In 2022, Asthma Australia undertook a nationally representative survey to look at homes, health and asthma in Australia, which was completed by 5,041 people.<sup>30</sup> The survey asked participants about their current practices and preferences for heating their homes and cooking. The most common type of cooking was gas (48%) followed by electric (41%). Only 6% had an induction cooktop. While the preferred type of cooktop was gas, regardless of their cooktop preference, most people's preference is based on cooking preferences, ease of cleaning and affordability. Only 15% of respondents cited their cooktop preference was due to health reasons and 14% noted environmental reasons.

In Asthma Australia's survey, the preferred types of heating were reverse cycle air conditioning and central heating, which are the most efficient options and provide the additional benefit of cooling the





air in the warmer months. However, nearly half (43%) of respondents reported they do not currently have their preferred form of heating at home. One in five respondents (22%) regularly use portable electric space heaters, 13% regularly use wood heaters, 8% regularly use flued gas heaters and 7% regularly use unflued gas heaters. For people who don't have their preferred source of heating, the most common barrier to switching is cost (43%), followed by not owning the home (32%).

Improving the appliances people in the ACT use to heat their homes and cook their food will improve air quality and people's health, as well as reducing greenhouse gas emissions. The Home Energy Support Program aims to address home comfort, power costs and environmental impacts by providing financial support to people with chronic conditions such as asthma in low-income households seeking to switch to efficient and electric home heating, cooling and cooking.

As Asthma Australia have found from the housing survey, people living in rental properties are unable to make changes to their homes. Following evaluation of the pilot, the Home Energy Support Program should be expanded to include low-income renters. If it is not feasible to include renters, the program should be expanded to include all low-income homeowners. There should also be a consideration in ACT Government policy on remediating social housing stock, prioritising people with asthma or other chronic conditions.

People on low incomes, living with chronic disease and in living situations where they are unable to make changes themselves, are likely to be most impacted by cost-of-living issues. They will benefit accordingly the most from reduced power bills and improved living conditions in their homes. We therefore recommend the ACT Government's programs to reduce greenhouse gas emissions prioritise support for these population groups. We would expect the ACT Government would use similar mechanisms to determine eligibility of an expanded program, such as Australian Government benefit and entitlement programs, as is currently applied for the Home Energy Support Program.

**Investment requested: Expanding the Wood Heater Replacement Scheme rebate to cover the full cost of purchase and installation for people on low incomes would require an average additional investment of approximately \$350 per installation (at the lower cost end and for an uncomplicated removal). Expanding the Home Energy Support Program to people on low incomes with asthma and owners of rental properties would result in an increased cost to the Program itself, however, it would create safer home environments for people with asthma and further address environmental impacts by expanding the number of households with cleaner and more efficient heating, cooling and cooking.**



### **Proposal 3: Require all new housing developments and individual houses in the ACT to be wood heater free**

Asthma Australia congratulates the ACT Government on phasing out gas installation by introducing the requirement that from 2023 there will be no new gas connections in homes or businesses. We propose that the same mechanism be introduced for wood heaters by requiring any new housing developments or individual houses in the ACT be wood heater free.

The ACT Government's Bushfire Smoke and Air Quality Strategy 2021–2025 recognises the need to strengthen measures to address wood heater smoke in the ACT. There had been a low uptake of the Wood Heater Replacement Scheme, with around 25 wood heaters removed annually in the five years leading up to 2021, and a total of 1,228 rebates provided since the Scheme's inception in 2004.<sup>31</sup> In comparison, the Launceston wood heater buyback program reportedly<sup>32</sup> resulted in the removal of 2,000 wood heaters over just 3 years.

Although the ACT Government has introduced a Wood Heater Replacement Program and has moved to gas-free new developments, we note that there is insufficient take-up of the Wood Heater Replacement Program. A stronger mechanism is required to move away from the installation of wood heaters, as per the approach with gas installations. This aligns with the ACT Government's Climate Strategy, including the type of energy used which affects comfort and emissions. The health of the population in the ACT and how this is impacted by air quality should be the priority.

The Office of the Commissioner for Sustainability and the Environment report investigating wood heater policy has recommended a ban on the installation of new wood heaters in all ACT suburbs (excluding rural areas), for both new and existing builds.<sup>33</sup>

Allowing new wood heaters to be installed hampers the effectiveness and intent of the Wood Heater Replacement Program by continuing the installation of a polluting and inefficient method of heating. Decisive action is required to ensure the ACT community is not being exposed to the ongoing impacts of pollution from wood heaters and that ACT Government action on emissions is not undermined.

**Budget saving measure: This would achieve a future budget saving, as it will lead to a reduction in costs for the wood heater replacement programs over time through offsetting the need for replacements.**



## **Proposal 4: Investing in HEPA air purifiers to improve the air quality in the homes of people with asthma on low incomes**

Climate change is increasing the risk of adverse asthma outcomes through declining air quality caused by the burning of fossil fuels, increased ground level ozone and events such as bushfires and thunderstorm asthma. Reducing the adverse health impacts of air pollution should be a priority issue for climate change adaptation strategies.

Health advice during periods of air pollution includes staying inside with doors and windows closed, however, air pollution can enter buildings. This was a significant issue for people across the ACT during the 2019-20 bushfire smoke crisis.

Air purifiers with HEPA (high-efficiency particulate absorbing) filters can be highly effective in reducing indoor air pollution.<sup>34</sup> However, the cost can be prohibitive for many people. The 2022 Asthma Australia survey to looking at homes, health and asthma in Australia found that only 6 out of 10 Australians were confident to make changes to improve the air quality inside their home. Common barriers to taking action included purchasing or using equipment being too expensive and many survey respondents noted the additional pressures of living on low incomes and the cost-of-living crisis.

Investing in HEPA air purifiers for people on low incomes with asthma, or other conditions that make them vulnerable to air pollution exposure, would increase access to an effective measure to improve indoor air quality and ensure homes are safe during air pollution events.

**Investment requested: The average cost of an air purifier with a HEPA filter is \$500. As an estimate, annual funding of \$50,000 would provide approximately 100 air purifiers per year.**



## **Proposal 5: Invest in a trial of low-cost air quality sensors as a part of the implementation of the ACT Government’s Bushfire Smoke and Air Quality Strategy 2021-2025**

Asthma Australia welcomes the recognition of the need to expand air quality monitoring in the ACT Government’s Bushfire Smoke and Air Quality Strategy 2021–2025. Local air quality information is essential for people to be able to understand when wood heater emissions reach harmful levels in their neighbourhood. However, because air pollution from wood heaters is highly localised to streets or neighbourhoods, the true extent of wood heater pollution is unlikely to be detected by the three air quality monitoring stations in the ACT.<sup>35</sup>

A key finding from the Federal 2021 State of the Environment report was that better information could reduce the impacts of poor air quality.<sup>36</sup> The report recognised that communities need real-time, local air quality information during periods of poor air quality.

Air quality monitoring stations provide highly accurate information, however, they require suitable locations and can be expensive to establish and run. In contrast, low-cost air quality sensors provide air quality data at a good level of accuracy. Additionally, there is more flexibility in placement as the sensors can be affixed to premises such as schools or council buildings. Some sensors require a data connection while others have built in communications.

A trial of low-cost air quality sensor pilot program is an important step towards ensuring ACT residents have access to local air quality information. The proposed trial low-cost sensors would also increase understanding of how these sensors can be integrated into the existing monitoring networks and how information from the sensors can be shared with the public.

Investing in increasing access to local air quality information would act on the recommendations of the Royal Commission into Natural Disaster Arrangements and the State of the Environment Report, as well as progressing the National Clean Air Agreement work plan. This information is critical to ensure that people vulnerable to the health impact of air pollution exposure are able to protect themselves and their families.

**INVESTMENT REQUESTED - Costs to be determined based on the most appropriate technology for the ACT and its population size.**



## **Proposal 5: Fund the ACT Refugee Community Connector pilot program focussing on asthma and respiratory care to assist the integration of refugees to local primary care services and reduce the burden on acute care services**

Respondents to the Capital Health Network's Needs Assessment Survey found that asthma education is a service gap in the ACT.<sup>37</sup> In respect of culturally and linguistically diverse (CALD) communities, literature shows that poor health outcomes in these communities are often related to issues such as different cultural beliefs about health, not being accepted into society, language skills and feelings of discrimination.<sup>38</sup>

The existence of this service gap is consistent with anecdotal reports in the Adelaide PHN-funded Adelaide Integrated Respiratory Response (AIRR) program, which led Asthma Australia to collaborate with CAaSSA (Community Access and Services South Australia). In the 2020–21 financial year, Asthma Australia responded to this service gap by codesigning with community a comprehensive, integrated, community-led program to deliver culturally sensitive asthma basics and health literacy to two CALD community groups.

This program was a partnership with bicultural workers, who together with an Asthma Educator redesigned existing Asthma Australia visual training aids and introduced additional materials into the workshops. A Cultural Communication Specialist guided discussions and development to create content which was more meaningful and accessible to the CALD participants. This included translated information, tools and brochures, as well as training for the bicultural workers in the content that would be delivered during the workshops.

The program achieved 100% attendance and participants expressed feelings of empowerment regarding self-management of their asthma. Participation in the program also led to tangible improvements for participants. For example, an older Vietnamese woman who had asthma her whole life decided to see a respiratory and lung specialist for the first time; and an Arabic speaking father learnt how to observe whether his son was suffering an asthma episode, resulting in him immediately taking his son to the GP.

Through this project, Asthma Australia found that healthcare professionals undertaking cultural capability training, providing a welcoming and respectful workplace and providing access to Interpreter Services are fundamental steps towards addressing the existing gap in health outcomes for people from CALD communities. Asthma Australia subsequently shared these findings with a forum of South Australian healthcare professionals, in order to highlight the impact of cultural bias on the health of people from CALD communities.

Asthma Australia is seeking funding to replicate in the ACT the success of the work undertaken with CALD communities in South Australia. We will build upon our existing relationship with Companion House (ACT Refugee Medical Service) to deliver this pilot program. The ACT Refugee Community Connector program will adapt the AIRR model to suit the needs of local refugee groups, identified by Companion House, to help develop a culturally appropriate model for transition of care for people from refugee communities to community primary health services.

Through Asthma Australia's previous collaboration with Companion House, we have identified that there is a need to support communities who have a limited understanding of asthma and how the local health system works and address uncontrolled asthma (often in children) and COPD. Rather than self-managing their asthma or COPD or visiting a different GP to deal with symptoms when Companion House services are unavailable, this group often seek emergency care when they are unable to access medical services through Companion House. Our work in SA, outlined above, has also identified CALD communities are at risk of developing chronic disease based on their health literacy and the challenges of navigating and interacting with the health system in Australia.



This pilot program will work intensively with up to two GP practices and up to four pharmacies in the northern Canberra area, to be identified by Companion House. Asthma Australia will work with two appropriately trained bicultural workers from Companion House, who have established relationships with the refugee community taking part in this project, as well as and local health care professionals. Following training in asthma basics, these Refugee Community Connectors will then work several hours a week with consumers who have asthma and their current health care professionals to support transition to local, non-refugee specific primary care services.

Two separate planning workshops (using co-design principles) will be held with the representatives from the refugee community and health care professionals to inform the patient training workshops content and adaptations to current health care professional training. In keeping with the AIRR program concept, staff from all sites and all codesign participants involved in the ACT Refugee Community Connector program will be required to undergo cultural capability training.

It is anticipated that, during this pilot program and based on our consultations with the community, slight changes to the pilot may be made to best suit the community, which will lead to an adaptation of the allocation of the proposed funding. For instance, the community may prefer face-to-face asthma support sessions with a bicultural worker translating, rather than phone sessions.

It is proposed that the ACT Refugee Community Connector pilot program would be evaluated after a year to assess for quality improvements and sustainability. This will inform the adaptation of this pilot for future refugee cohorts who arrive in the ACT and could be adapted to address other chronic conditions.

**Investment Requested: The ACT Government invest \$152,856 to support a one-year pilot of the ACT Refugee Community Connector.**

*Table 3: ACT Refugee Community Connector program costing*

Item	Cost
Project Officer @ 0.3 FTE	\$29,640
Bicultural Workers x 2 @ 20 hrs/week (incl additional interpreting /translating hours)	\$42,798
Management of above 2 positions @ 2 hrs/week/48 weeks	\$12,480
Cultural Capability Training for 24 people	\$4,800
Co-design cost incl. facilitator, vouchers, interpretation	\$9,176
Co-design cost health care professionals x 2	\$6,000
Consumer Resources—development, printing, interpretation	\$9,500
Community promotion—meeting expenses	\$2,000
Asthma Australia services—Education and Promotion	\$4,950
Health Professional Resources including translation	\$24,512
Evaluation—Asthma Australia internal expertise	\$7,000
<b>TOTAL</b>	<b>\$152, 856</b>



## References

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- <sup>2</sup> Australian Institute of Health and Welfare (AIHW), 2020. *Allergic rhinitis ('hay fever')*. Cat. no. PHE 257. Canberra: AIHW. Accessed online: <https://www.aihw.gov.au/reports/chronic-respiratory-conditions/allergic-rhinitis-hay-fever/contents/allergic-rhinitis> (accessed 19 April 2022).
- <sup>3</sup> ABS 2019. *National Aboriginal and Torres Strait Islander Health Survey 2018-19*.
- <sup>4</sup> Capital Health Network, 2022. 2012-24 ACT PHN Needs Assessment.
- <sup>5</sup> ABS 2019. *National Aboriginal and Torres Strait Islander Health Survey 2018-19*.
- <sup>6</sup> AIHW, 2022. *Australian Burden of Disease Study 2022*. Canberra: AIHW.
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- <sup>8</sup> Australian Bureau of Statistics (2022) 3303.0 Causes of Death, Australia, 2021.
- <sup>9</sup> Australian Bureau of Statistics (2022) 3303.0, Causes of Death, Australian Capital Territory, 2021.
- <sup>10</sup> AIHW 2021. *My Hospitals 2019-20*.
- <sup>11</sup> Independent Hospital Pricing Authority, 2016. *National Hospital Cost Data Collection, Australian Public Hospitals Cost Report, Round 18 (Financial year 2013-14)*.
- <sup>12</sup> Giangio, S. et al., 2020. 'Emergency department visit count: a practical tool to predict asthma hospitalisation in children', *Journal of Asthma*, vol 57(10).
- <sup>13</sup> Wakefield, M. et al, 1997. 'Risk factors for repeat attendance at hospital emergency departments among adults and children with asthma', *Australian and New Zealand Journal of Medicine*, vol 27, pp. 277-284.
- <sup>14</sup> Australian Government, Australian Institute of Health and Welfare, Emergency department care 2021-22: Australian hospital statistics
- <sup>15</sup> Asthma Australia (2022) Homes, Health and Asthma in Australia: Understanding who is at risk in their home, what actions people take to protect themselves, and the barriers to action.
- <sup>16</sup> Ibid
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