



## LEGISLATIVE COUNCIL ENVIRONMENT AND PLANNING COMMITTEE

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Inquiry: Inquiry into the Health Impacts of Air Pollution in Victoria

Hearing Date: 11 August 2021

Questions post hearing

Directed to: Asthma Australia

### 1. Ms Bath

#### Question asked.

Asthma Australia repeatedly make the point that people living in areas of socioeconomic disadvantage “often” have higher rates of air pollution, but provide no references to support that claim. Can AA provide evidence to support their claim?

**Response:** Asthma Australia refers Ms Bath to the following examples of studies which have found increased levels of air pollution in areas of socio-economic disadvantage:

Cooper, N., Green, D. and Knibbs, L. D. (2019) Inequalities in exposure to the air pollutants PM2.5 and NO2 in Australia, *Environmental Research Letters*, 14(11), 115005

Chakraborty, J. and Green, D. (2014) Australia's first national level quantitative environmental justice assessment of industrial air pollution, *Environmental Research Letters*, 9(4), 044010

### 2. Ms Bath

#### Question asked.

Can Asthma Australia please provide any information they may have on socioeconomic disadvantage, higher rates of asthma, and higher rates of smoking and higher rates of exposure to second hand smoke?

**Response:** Asthma Australia believes questions about smoking rates and second-hand smoke are outside of the terms of reference of the inquiry. We seek the guidance of the committee as to whether or not it considers this question in scope.

### 3. Ms Bath

#### Question asked



Australian Bureau of Statistics indicates that in 2019, 116 Victorians died from Asthma.(see attached document) - What evidence does Asthma Australia have to correlate any, all or none of those deaths with wood heater pollution?

**Response:** Asthma Australia did not receive the attachment referred to in the Question.

However, we are happy to share our understanding of the Australian Bureau of Statistics Causes of Deaths data. We understand this data is based on all registered and received deaths in Australia. The majority of deaths are certified by doctors with the remainder certified by coroners. In completing death certificates, doctors must specify the disease, injury or condition which led directly to the death of the person as well as any antecedent causes if the direct cause was due to another disease, injury or condition. To our knowledge, this does not include contributors to the disease, injury or condition such as woodfire heater pollution.

Asthma Australia refers Ms Bath to modelling research which estimates excess deaths as a result of woodfire heater smoke. For example, one study estimated 69 excess deaths per year in Tasmania as a result of exposure to fine particulate matter from woodfire heater smoke and landscape fire smoke, with 74% of those deaths attributable to wood fire heaters (Borchers-Arriagada, N. et al (2020) Health Impacts of Ambient Biomass Smoke in Tasmania, Australia. *Int. J. Environ. Res. Public Health*, 17, 3264).

Another study estimated 14 premature deaths per year in the regional town of Armidale in NSW are attributable to long term exposure to fine particulate matter from woodfire heater smoke (Robinson, D. et al (2021) The effects on mortality and the associated financial costs of wood heater pollution in a regional Australian city. *MJA*. August).

Lastly, Asthma Australia points out that while death is the most extreme and tragic consequence of asthma, people with asthma can live for many years or decades experiencing suboptimal health and negative impacts on their quality of life as a result of exposure to triggers such as woodfire heater smoke.