

Improving Lung Health for Western Australians

Lung Foundation Australia priorities for the 2025 Western Australian election

Executive summary

Lung Foundation Australia is Australia's leading lung health peak body and national charity. Founded in 1990, we have become the trusted point-of-call for the 1 in 3 Australians living with a lung disease.

We work to improve lung health and reduce the impact of lung disease and lung cancer. To do this, we deliver information and telehealth support, facilitate access to exercise maintenance and peer support programs, coordinate education for health professionals, provide research grants, and advocate for policy change. In partnership with consumers, health professionals, researchers, and like-minded organisations, we advocate for:

- reducing risk factors and improving early diagnosis,
- equitable access to best-practice treatment and care,
- strengthened government policy, programs, and strategy, and
- improved research investment and data infrastructure.

There are more than 30 different types of lung conditions, which are a cause of significant health and economic burden in Western Australia (WA). Lung cancer and chronic lower respiratory diseases are the fourth and fifth leading causes of death in the state, respectively. Lung conditions collectively cost the WA healthcare system approximately \$1 billion annually, that is 7% of total state health expenditure. Lung Foundation Australia have identified six priorities requiring government action to improve the lung health of Western Australians.

Lung Foundation Australia's priorities for the 2025 Western Australian election

- 1 Address lung cancer inequities by increasing access to Specialist Lung Cancer Nurses in WA.
- 2 Reduce pressure on WA's healthcare system by investing in our Respiratory Care Program.
- 3 Provide matched funding to enable localised Lung Foundation Australia support in WA.
- 4 Improve access to pneumococcal vaccination for Western Australians living with chronic lung disease.
- 5 Invest in innovative models to increase equity of access to pulmonary rehabilitation in WA.
- 6 Address gaps in e-cigarette resources and information for priority young people.

Lung Foundation Australia's priorities align with several policy documents, such as the Sustainable Health Review, the WA Cancer Plan, and the WA Immunisation Strategy. We seek your commitment and investment to address these priorities and promote lung health in WA.

Priorities on a page

1

Increase access to Specialist Lung Cancer Nurses in WA– \$1.1 million per year over 4 years



Lung cancer is the leading cause of cancer-related death in WA.



Specialist lung cancer nurses enable timely and coordinated care, contributing to improved health outcomes.

2

Help fund our Respiratory Care Program to support Western Australians living with COPD – \$0.35 million per year over 4 years



COPD is a leading cause of potentially-preventable hospitalisations in WA.



Our Respiratory Care Program reduces burden on the healthcare system.

3

Establish a Lung Foundation Australia office in WA – \$0.3 million, to be matched by Lung Foundation Australia



Local knowledge and experience are critical to expanding our impact in WA.



An office in WA will enable local partnerships and provide a base for local services and staff.

4

Fund free pneumococcal vaccination for Western Australians living with chronic lung diseases



Pneumococcal vaccination is clinically recommended for certain lung conditions, but not funded.



Free pneumococcal vaccination will allow people to protect their health without added cost-of-living pressure.

5

Invest in pulmonary telerehabilitation to increase equity of access to pulmonary rehabilitation in WA – \$0.85 million per year over 4 years



More than 70,000 people in WA have COPD, but there are only ~30 centre-based pulmonary rehabilitation programs.



Pulmonary telerehabilitation is safe and cost effective and addresses critical barriers to participation in traditional rehabilitation programs.

6

Fund resources and information on vaping for priority young people – \$0.85 million



E-cigarette use has increased significantly in recent years, especially among young people.



Resources and information will help priority groups navigate the new regulations and make healthy decisions.

Address lung cancer inequities by increasing access to Specialist Lung Cancer Nurses in WA

Invest \$1.1 million per year over 4 years to increase access to Specialist Lung Cancer Nurses

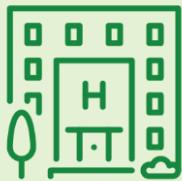
Lung cancer is a leading cause of disease burden in Australia. It is the most common cause of cancer-related death¹ and the third leading cause of premature mortality across all diseases². Less than one in four people with lung cancer survive more than five years after being diagnosed¹.

Lived experience research commissioned by Lung Foundation Australia earlier this year found that people with lung cancer

face several barriers to effectively managing their condition, including stigma (26% of people), lack of information and understanding about their condition (26% of people), and complexity of the healthcare system (24% of people).

The National Lung Cancer Screening Program (NLCSP) that is launching in July 2025 will reduce the burden of lung cancer in WA by enabling cancers to be detected earlier when treatment is more likely to be successful. To fully realise the program's potential benefits, it is essential that screening efforts are supported by timely and coordinated diagnosis and treatment. Specialist lung cancer nurses (SLCNs) are responsible for guiding patients through the complex investigation and diagnostic pathways and facilitating timely treatment and care, so they are best placed to address this need.

Less than 1 in 5 multidisciplinary teams treating people with lung cancer in WA have a SLCN on site.



Lung cancer is the #1 cause of cancer death in WA



- More than 1,000 people diagnosed per year
- More than 800 deaths per year
- Over \$100 million in health system costs

The Optimal Care Pathway for lung cancer care delivery states that SLCNs should be core members of multidisciplinary teams (MDTs) caring for people with lung cancer³. Despite this, findings from a recent landscape survey⁴ in Australia show that less than 20% of MDTs treating people with lung cancer in WA have a SLCN as part of this team care. Addressing these workforce shortfalls is now more important than ever given the upcoming launch of the NLCSP.

*Full budget available on request.

Lung Foundation Australia's Specialist Lung Cancer Nurses

The role of SLCNs is distinct from that of an oncology nurse, all-cancer nurse, or respiratory nurse given their advanced levels of practice and demonstrated in-depth knowledge, skills and expertise in lung cancer, its treatment, and patient needs.

When a Specialist Lung Cancer Nurse is involved:

- ✓ **44% more likely** to have access to needed treatment.
- ✓ **75% less likely** to present to an Emergency Department.

Our SLCN model of care ensures support is available to patients when they need it most, by specifically identifying and addressing gaps in local health services that lead to unwarranted variations in outcomes.

For example, Lung Foundation Australia SLCNs may be placed in respiratory services where they can provide essential preventive and pre-diagnostic support. They may also take an active role in post-treatment survivorship care when other nursing support typically decreases. Lung Foundation

"By building relationships with patients and their family, I am able to assess and identify their holistic needs and ensure access and referral to appropriate support mechanisms to meet these needs, such as palliative care and psychological support. My role, therefore, is to handle the complexities and challenges of the lung cancer care package and thus ensuring patients with lung cancer receive the best care and support in an appropriate timeframe."

Australia's SLCNs are equipped to navigate the many barriers that lung cancer patients face, including stigma, and they are instrumental in helping to reduce inequities. They are a core member of the MDT, advocating for the patient at every stage to ensure their needs are met and MDT tasks are actioned.

Lung Foundation Australia have been working with the governments of South Australia, New South Wales, and Queensland to deliver on-the-ground SLCNs across those states, with incredibly positive outcomes achieved to date. We recommend the Western Australian Government commit to funding SLCNs urgently as part of plans to address current inequities in care across the state. Our recommendation also aligns with several of the priorities from the [WA Cancer Plan 2020-2025](#).

We encourage the Western Australian Government to work with Lung Foundation Australia to place these vital SLCNs in hospitals of highest need, with an initial focus on the hospitals with lung cancer MDTs that do not currently have a dedicated SLCN. These include Albany Health Campus, Bunbury Regional Hospital, Joondalup Health Campus, and St John of God Midland Public Hospital.

*Full budget available on request.

Reduce pressure on WA's healthcare system by investing in our Respiratory Care Program

Invest \$0.35 million per year over 4 years in the vital Respiratory Care Program

Chronic obstructive pulmonary disease (COPD) is a term that describes chronic lung diseases characterised by obstructed airflow, including emphysema, chronic bronchitis, and chronic asthma. Breathlessness is the key symptom. COPD results from long-term exposure to irritants, most often cigarette smoke, but also occupational hazards and air pollution. COPD is a progressive, chronic lung condition that leads to increasing breathing difficulty, disability, and premature death.

The impact of COPD in WA

Prevalence: more than 70,000 people living with COPD

Hospitalisations: sixth leading cause of potentially-preventable hospitalisations

Deaths: cause of more than 600 deaths annually – fourth leading disease-specific cause of death

Health system costs: more than \$75 million per year



Although there is no cure for COPD, the condition is inherently treatable. Early diagnosis and evidence-based interventions can slow the progression of the disease and allow people to live well. Earlier this year, Lung Foundation Australia commissioned research to better understand the lived experiences of people living with or caring for someone with a lung condition. Participants reported difficulties in accessing primary healthcare services due to limited availability and long wait times. Compared to all respondents, people with COPD were significantly more likely to report waiting too long to see a GP and then needing to go to hospital. One in four people with COPD stated that finding a GP with a good understanding of lung disease was a barrier to effectively managing their condition, as was lack of information and understanding about how to manage their lung disease. There is a need to expand access to structured information and support services that can complement and enhance primary healthcare services. Most importantly, it is essential that support is available to enable people to manage their health and stay well through the current cost-of-living pressures.

1 in 4 people with COPD say lack of information and understanding is a barrier to being able to effectively manage their condition.

*Full budget available on request.

Lung Foundation Australia's Respiratory Care Program

Our Respiratory Care Program aims to improve patient engagement with their healthcare teams and encourage effective self-management. The service identifies gaps in evidence-based care and provides participants with the information and support required to address these. The program comprises three clinician-led telephone appointments conducted over four to six months, plus a follow-up call 12 months after the final session.

Our Respiratory Care Program is free to consumers, promoting equitable access to support regardless of financial means. We view this as being essential in the context of current cost-of-living pressures, which are making it very difficult for many to afford necessary health care. Earlier this year, Lung Foundation Australia conducted a survey to understand the impact of recent cost-of-living pressures on people living with a lung condition (N=~700). Respondents reported having made numerous changes to their use of health care due to cost-of-living pressures, such as cutting back on allied health services (40%), reducing GP appointments (30%), delaying tests and scans (18%), and changing from a private specialist to the public system (15%)⁵. People with a lung condition are especially vulnerable to cost-of-living pressures as they experience higher out-of-pocket costs than other chronic conditions and are more likely to skip health care as a result⁶.

Since 2019, **more than 1,000 Australians living with COPD** have been clients of our

"I'd say 80% of what I know about my own condition I've learnt from the Lung Foundation".

- Cathy from WA, living with COPD and a Lung Foundation Australia consumer advisor

Respiratory Care Program. The program is supported by a rigorous data collection protocol. Among the clients who had completed the program by September 2024,

a **statistically significant 32% decrease in emergency department presentations** was

observed. Similar findings have been demonstrated in a separate independent evaluation of the service⁷.

We recommend the Western Australian Government commit to investing in the vital Respiratory Care Program. Our recommendation aligns with the [Sustainable Health Review](#) completed in 2019, particularly Enduring Strategies 4 and 5 which encourage initiatives that support equitable access to person-centred care and partnering with non-government organisations to reduce pressure on the hospital system. The recommendation also aligns to Quality Statement 3 and 9 from the [COPD Clinical Care Standard](#), recently released by the Australian Commission on Safety and Quality in Health Care.

*Full budget available on request.

Provide matched funding to enable localised Lung Foundation Australia support in WA

Commit \$0.3 million to establish a Lung Foundation Australia office in WA

Lung Foundation Australia are a national organisation dedicated to supporting the one in three Australians living with a lung disease. We work to ensure lung health is a priority for all by raising awareness about the symptoms and prevalence of lung disease, promoting prevention and early diagnosis, advocating for policy change and research investment, and championing equitable access to treatment and care. Lung Foundation

Australia is the only charity and leading peak body of its kind in Australia that funds life-changing research and delivers support services that give hope to people living with a lung condition.

Lung diseases are among the leading causes of death in WA and place significant economic strain on the state's healthcare system^{1,8,9}. Many lung conditions are chronic and can be attributed to preventable risk factors. By promoting preventive measures and encouraging early diagnosis and evidence-based care, the burden of lung disease in WA can be substantially reduced.

"Living with COPD is debilitating. I used to be super-woman, nothing was too hard. Now I'm a decrepit barely functioning weakling."

- Consumer with COPD and asthma, WA

Earlier this year, Lung Foundation Australia commissioned research to better understand the lived experiences of people living with or caring for someone with a lung condition. A national survey was conducted, involving more than 100 Western Australian participants (10% of total sample). Around one in four (24%) Western Australians stated that Lung Foundation Australia was their most credible source of information, support, and advice about their lung condition.

We are committed to reducing the burden of lung diseases across Australia but recognise that local knowledge and experience is critical to expanding our reach and impact in the Western Australian community. We recommend that the Government commit funding to enable a Lung Foundation Australia office to be established in WA. The office will serve as a local hub, enabling Lung Foundation Australia to partner with the local community and provide a base for our staff and services in WA (including any specialist lung cancer nurses). Lung Foundation Australia will match the funding committed by the Government.

Lung disease in WA:

- Lung cancer is the 4th leading cause of death
- Chronic lower respiratory diseases are the 5th leading cause of death – **3rd leading cause of death for First Nations people**
- Costs the WA health system approximately \$1 billion per year – **7% of total health expenditure in WA**



*Full budget available on request.

Improve access to pneumococcal vaccination for Western Australians living with chronic lung diseases

Fund free pneumococcal vaccination for Western Australians living with chronic lung diseases

Pneumococcal vaccination reduces the likelihood of developing pneumonia and worsening COPD symptoms¹⁰. The Australian Technical Advisory Group on Immunisation clinically recommend pneumococcal vaccination for people of all ages living with COPD, severe asthma, or interstitial and fibrotic lung disease¹¹. However, it is not free for adults on the National Immunisation Program until age 70 (50 for First Nations). **Around 70,600 Western Australians live with COPD, with ~53% aged under 65 years – this means that they are ineligible for free vaccination¹².**

Pneumococcal vaccination for people living with chronic conditions requires three vaccines over five years with the vaccines costing around \$250 on private script. People with a lung condition face higher out-of-pocket compared to many other chronic conditions and are more likely to skip health care as a result⁶. In the context of current cost-of-living pressures, pneumococcal vaccination is likely to be prohibitive to many. Lung Foundation Australia applauds the Western Australian Government's funding of free influenza vaccination the past three influenza seasons. This program protects the lung health of Western Australians, particularly those living with a lung disease – equitable access to pneumococcal vaccination will bolster this protection.

“Pneumococcal vaccine should be free for under 70 for people with fibrotic ILD especially if on immunosuppressants that deplete the immune system dramatically.”

- 65-69 year old living with interstitial lung disease



We recommend the Western Australian Government commit to making pneumococcal vaccination free where it is clinically recommended, including for people living COPD, severe asthma, or interstitial and fibrotic lung disease. The recommendation aligns with the [WA Immunisation Strategy 2016-2023](#), specifically the objective to increase vaccination rates in adults, including those who are medically at-risk.

Invest in innovative models to increase equity of access to pulmonary rehabilitation in WA

Invest \$0.85 million per year over 4 years in innovative pulmonary rehabilitation services

Pulmonary rehabilitation is a six- to eight-week program combining exercise, education, and self-management for people with a chronic lung condition. The exercise component focuses on increasing physical function, with individualised tailoring to ensure that exercises are safe and effective for each person. The education and self-management components provide knowledge and skills to help individuals better manage their condition, such as breathing techniques, medication use, nutrition, exercise after rehabilitation, and strategies to cope with the condition.

Benefits of pulmonary rehabilitation:

- increases overall quality of life
- increasing functional exercise capacity
- reduces symptoms of breathlessness and fatigue
- reduces hospital admissions and length of stay
- reduces hospital re-admissions by 52%

Pulmonary rehabilitation and maintenance programs are crucial to people being able to live well with complex and chronic lung conditions, such as COPD. The [COPD Clinical Care Standard](#) recently released by the Australian Commission on Safety and Quality in Health Care states that everyone with COPD can benefit from participating in pulmonary rehabilitation. Participation is especially critical following hospitalisation for a COPD exacerbation as it can reduce the

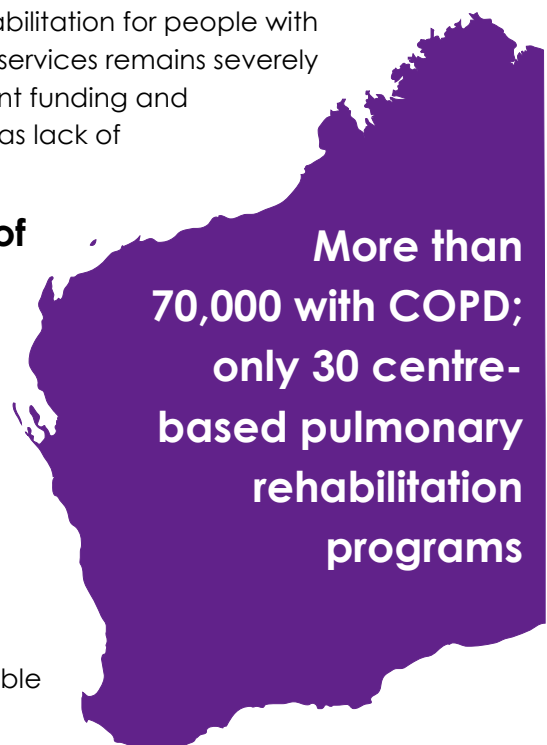
risk of readmission and improve exercise capacity and quality of life¹³. For these outcomes to be realised, pulmonary rehabilitation should be commenced within four weeks of discharge¹³.

Despite the well-documented benefits of pulmonary rehabilitation for people with COPD, access to centre-based pulmonary rehabilitation services remains severely limited for several reasons, such as long waitlists, insufficient funding and resources to expand programs, and logistical issues such as lack of transportation and alternative delivery models.

Consequently, only an estimated 5-10% of people who would benefit from pulmonary rehabilitation are able to participate¹⁴.

As outlined in the [National Pulmonary Rehabilitation Strategy Framework 2023–2026](#), funding is needed to improve equitable access and increase availability of pulmonary rehabilitation programs. Lung Foundation Australia estimates that there are only 30 centre-based pulmonary rehabilitation programs available across WA which is inadequate to meet demand and ensure equitable access.

*Full budget available on request.



Pulmonary telerehabilitation for Western Australians with chronic lung conditions

Using telehealth to deliver pulmonary rehabilitation services represents a solution to many of the known barriers to participation. Research has shown that telerehabilitation programs are safe, have high completion rates¹⁵, and are cost effective^{16,17}.

Innovations in technology mean there are a range of options for providing telerehabilitation services to patients, including a mobile health approach. Pilot work on a mobile health approach, supported by a patient application and clinician web-based portal, has been successfully completed in New South Wales and a randomised control trial is in progress¹⁸. Preliminary findings show that mobile-based telerehabilitation is equivalent to centre-based pulmonary rehabilitation with respect to improvements in exercise capacity and health status. As such, Lung

Foundation Australia, in partnership with the innovative team of researchers and software partners, recommend investment in this mobile-based pulmonary telerehabilitation program, which can address critical barriers to pulmonary rehabilitation participation in WA.

The costs of delivering pulmonary telerehabilitation are very low, and cost savings in the 12 months following participation have been shown to exceed \$10,000 per patient.

Funding would provide 1,000 patients across WA with free access to pulmonary telerehabilitation,

ensuring services are affordable while cost-of-living pressures remain high. The recommended investment also covers associated implementation costs, marketing and promotion, evaluation, and coordination support which could be based locally (see Priority 3).

By investing in alternative pulmonary rehabilitation models, the Western Australian Government will be directly responding to Quality Statement 5 from the new COPD Clinical Care Standard. Our recommendation also responds to other key policy recommendations, particularly Enduring Strategy 5 from the Sustainable Health Review which encourages partnerships to reduce pressure on the hospital system.

*Full budget available on request.

Address gaps in e-cigarette resources and information for priority young people

Invest \$0.85 million in vaping resources and information for priority groups

The number of people using e-cigarettes has increased significantly over the last few years, particularly among young adults. It has also been estimated that First Nations people are 1.5 times more likely to currently use an e-cigarette compared to non-indigenous Australians¹⁹. We recognise that the recent Federal vaping reforms will substantially reduce e-cigarette use in Australia and we strongly support WA's plans for further protective reforms in the state. With a rapidly changing policy environment and evidence continuing to emerge, it is important that updated information and resources are available to encourage healthy behaviours in young people. However, culturally appropriate vaping information and resources for priority populations, including First Nations people and people from non-English speaking backgrounds are lacking.

Lung Foundation Australia have developed a wide range of vaping resources, such as:

- Co-designed factsheets for young people, their parents and carers, and educators,
- Free vaping e-learning module,
- Co-designed animated short videos, and factsheet for First Nations young people,
- Factsheets on the environmental impacts of e-cigarettes and vaping and mental health.

"They [vaping videos] provided me [with] information about things I wouldn't have known about. It has taught me a lot about it."

Lung Foundation Australia's e-cigarette resources are in high demand. They have been used and promoted by health departments, education departments, schools, non-government organisations, and more. We are proud to co-design and collaborate to produce meaningful and impactful resources that improve knowledge and change behaviour.



Lung Foundation Australia's First Nations vaping resources were co-designed with Na Joomelah and the National Best Practice Unit Tackling Indigenous Smoking. We would like to expand and adapt our existing resources for Western Australian First Nations communities, ensuring culturally appropriate information and resources are available tailored to local needs. In addition, we would look to co-design relevant resources for young people in WA who have a non-English speaking background.

*Full budget available on request.

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