

Improving Lung Health for the People of Queensland

Lung Foundation Australia's submission to the
Queensland budget 2026-2027

Executive Summary

Lung Foundation Australia (LFA) 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 lung disease or lung cancer. Since 1990, we have been working to ensure lung health is a priority for all, from promoting lung health and early diagnosis, advocating for policy change and research investment, raising awareness about the symptoms and prevalence of lung disease, and championing equitable access to treatment and care.

There are over 30 different types of lung disease currently impacting **1 in 3 Australians**. Lung disease and lung cancer are leading causes of death in Queensland (QLD), but they have consistently been underfunded compared to other prominent diseases. The burden and inequity of lung disease and lung cancer in QLD highlights the need for the government to **fund prevention efforts as well as improved services for those already living with a respiratory disease**.

We work to reduce the impact of lung disease and lung cancer and protect the lung health of the community more broadly.

Lung Foundation Australia have identified **five priorities requiring government action** to improve the lung health of Queensland residents and reduce health system pressures.

Lung Foundation Australia's priorities for the Queensland budget 2026-27

- 1** Following the success of the QLD pilot, invest \$3.085 million in Specialist Lung Cancer Nurses across the State to support thousands of Queenslanders per year
- 2** \$710,000 over 2 years to prevent lifelong lung disease in First Nations Queensland children.
- 3** \$500,000 to address gaps in e-cigarette resources and information for young people aged between 18-24 in QLD.
- 4** \$500,000 per year over 2 years to tackle QLD's low respiratory vaccination rates to improve health and reduce ramping.
- 5** \$180,000 per year over 2 years, to fund a Lung Cancer Screening Priority Populations Engagement Officer based in QLD.

LFA's priorities align with several policy documents, such as the Department of Health Strategic Plan 2025 – 2029, QLD Cancer Strategy, Prevention Strategic Framework 20170 – 2026, Queensland Health's First Nations Health Equity Strategy 2032. We seek your action and investment to address these priorities and promote lung health in QLD.

We welcome the opportunity to discuss this budget proposal with you further.

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LFA's priorities that will improve lung health for the people of QLD

1

Following the success of the QLD pilot, invest \$3.085 million in Specialist Lung Cancer Nurses across the State to support thousands of Queenslanders per year



Lung cancer is a leading cause of the burden of disease in QLD



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

2

\$710,000 over 2 years to prevent lifelong lung disease in First Nations QLD children



Recurring Chronic wet cough (CWC) in children can lead to debilitating bronchiectasis



By raising awareness of symptoms in childhood we can prevent chronic disease across the life course

3

\$500,000 to address gaps in e-cigarette resources and information for young people in QLD



E-cigarette use by young people has increased significantly over the last few years



Resources are needed to fill existing gaps that exist for priority populations

4

\$500,000 per year over 2 years to tackle QLD's low respiratory vaccination rates to improve health and reduce ramping



Flu vaccination rates have been falling leading to more hospitalisations that puts pressure on the health system



Increasing vaccination rates helps people stay healthier and prevents unnecessary hospitalisations

5

\$180,000 per year over 2 years, to fund a Lung Cancer Screening Priority Populations Engagement Officer based in QLD



The National Lung Cancer Screening Program helps prevent lung cancer through early detection



Early detection is vital, and increasing participation in screening will save lives

* Full budget available on request

Following the success of the QLD pilot, invest \$3.085 million in Specialist Lung Cancer Nurses across the State to support thousands of Queenslanders per year

An investment in the expansion of the Specialist Lung Cancer Nurse (SLCN) pilot program will ensure more Queenslanders with suspected or confirmed lung cancer can receive the right support, at the right time, wherever they receive care. Expanding to fourteen SLCNs will contribute to better health outcomes and quality of life for more Queenslanders with lung cancer and ensure equitable health access in regional and remote areas.

Lung cancer is a leading cause of disease burden in Australia. It is the most common cause of cancer-related death and the fourth leading cause of premature mortality across all diseases.¹ Of the 5 most common cancers, lung cancer has the lowest 5-year survival rate of just 25% in QLD.²

The lung cancer diagnostic pathway is particularly **long, fragmented, and difficult to navigate**. Patients often undergo multiple, complex investigations, many outside of formal cancer services, **before a diagnosis is reached**. In many cases, this process can take **3 months or more**, delaying access to treatment and reducing the chances of better outcomes.

Existing funding models, including the McGrath Foundation Model of Care, are typically limited to patients with a confirmed cancer diagnosis, and do not provide support during the critical **diagnostic work-up phase**. This leaves a significant gap in care for people with suspected lung cancer, who face high levels of clinical complexity, uncertainty, and emotional distress.

Specialist lung cancer nurses are needed to address inequities in access. There are currently **only 6 lung cancer nurses to meet the needs of the more than 3,200 QLD residents** who are diagnosed with lung cancer every year, and thousands more already living with lung cancer.

The urgency to address these gaps is growing. With the **National Lung Cancer Screening Program (NLCSP)** that launched in July 2025, we will see a **significant increase in the number of lung cancers detected**, particularly at earlier stages when treatment can be more effective. While the new screening program is a major step forward in addressing the burden of lung cancer, it will place **additional pressure on respiratory services**, particularly during the diagnostic and staging phases. Without the right workforce supports in place, such as SLCNs, there is a risk that system bottlenecks will undermine the benefits of early detection.

The Optimal Care Pathway for lung cancer states that SLCNs should be core members of multidisciplinary teams (MDT) caring for people with lung cancer.³ Findings from a recent landscape survey in Australia show **only 40% of MDTs treating people with lung cancer in QLD have a SLCN as part of this team care**.⁴

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

- More than 3,200 Queenslanders were diagnosed with lung cancer in 2022
- More than 2,240 Queenslanders died from lung cancer in 2022
- Lung cancer costs the QLD health system over \$260 million in 2022-23
- LFA's nurse model is cost effective & reduces overall health system costs

Lung Foundation Australia's Specialist Lung Cancer Nurses (SLCNs)

LFA's SLCNs are highly skilled, advanced practice registered nurses with lung-cancer specific knowledge and skills. LFA's evidence-informed model uniquely positions nurses within Respiratory Medicine, with a core focus on supporting individuals through the **pre-diagnostic phase** of the lung cancer care pathway.

By embedding SLCNs within respiratory medicine where people with suspected lung cancer first present these nurses play a pivotal role in:

- Triaging and expediting referrals
- Coordinating timely diagnostic investigations and appointments
- Advocating for patients within the Multidisciplinary Team
- Supporting patients through uncertainty and complex decision-making
- Reducing delays in diagnosis and treatment commencement
- Maximising the benefits of early detection through screening

SLCNs are essential in ensuring the success of the NLCSP and improving lung cancer outcomes more broadly. Investment in this workforce, and in the LFA Model of Care, will ensure people with suspected lung cancer receive the support they need **from the moment of suspicion, not just at the point of diagnosis.**

Despite the life changing benefits provided by SLCNs, there is a significant shortage of SLCNs across Australia. QLD currently has **4 LFA Specialist Lung Cancer Nurses** based in Toowoomba, Cairns, Ipswich and Hervey Bay/Bundaberg but more are needed to support the thousands of Queenslanders diagnosed with lung cancer in QLD every year. **The implementation of the SLCN program in QLD in 2023 has achieved strong success, supporting over 1,000 new patients with suspected or confirmed lung cancer through more than 6,200 clinical interactions.** The four SLCNs have fully integrated their services into their local lung cancer multidisciplinary teams (MDTs) and have introduced a range of nurse-led initiatives that streamline the lung cancer care pathway. Notably, they have established peri-diagnosis clinics, which have improved the timeliness of access to supportive care, diagnosis, and treatment.

Current funding from the QLD Government will end in June 2026 for the existing LFA SLCN's in place in QLD hospitals. QLD Health's existing partnership with LFA has already demonstrated the impact of SLCNs within regional hospitals. Expanding this model to metropolitan centres through a hub-and-spoke framework will deliver equitable, coordinated and continuous care for all Queenslanders affected by lung cancer. LFA's established infrastructure, training platform, and national leadership provide the ideal foundation for scaling this program and we remain eager to continue providing this support as the program expands.

14 nurses is > \$14 million in net benefit savings to the health system per year
(including cost & quality of life benefits as per independent LFA analysis)

Retain the 4 skilled SLCNs from the pilot, with a proposed additional nurse urgently needed in Cairns.



- Cairns Hospital (x2)
- Toowoomba Hospital
- Ipswich Hospital
- Hervey Bay Hospital

We then recommend a further 9 SLCN's are located at hospitals with MDT's that have the greatest need for SLCNs, these are:

- Royal Brisbane & Women's Hospital
- The Prince Charles Hospital
- Townsville University Hospital
- Caboolture Hospital
- Gold Coast University Hospital
- Logan Hospital
- Princess Alexandra Hospital
- Rockhampton hospital
- Sunshine Coast University Hospital

\$710,000 over 2 years to prevent lifelong lung disease in First Nations children in Queensland

LFA is seeking \$710,000 over 2 years to deliver a community awareness campaign in QLD that empowers families and communities to understand chronic wet cough symptoms and prevent chronic lung disease.

Bronchiectasis is a chronic lung disease that results from repeated infection and inflammation, leading to **long-term and irreversible** widening of the airways. Bronchiectasis is the third most common chronic airway disease after asthma and chronic obstructive pulmonary disease worldwide.⁵

People living with bronchiectasis experience shortness of breath, feeling run-down or tired, fevers and chills, wheezing, chest pain and coughing up mucus daily. Bronchiectasis has been identified in children as young as one year old, with Aboriginal and Torres Strait Islander communities experiencing a significantly higher burden of the disease.



Non-Indigenous Australians living with bronchiectasis live 22-years longer than First Nations peoples with the same disease.

Chronic Wet Cough (CWC) is a key symptom and indicator of protracted bacterial bronchitis (PBB), chronic suppurative lung disease (CSLD) and bronchiectasis. Many people, including Health Care Professionals, are not aware of the symptom as a warning of potential chronic disease. Diagnosis of bronchiectasis in children is commonly delayed by years to decades.

In an Australian cohort study, 60% of adults with bronchiectasis had chronic wet cough dating back to childhood.⁶ The longer the duration of untreated wet cough the poorer lung function and more severe bronchiectasis when diagnosed, making **awareness and timely intervention** for chronic wet cough fundamental to the **prevention and early detection** of the disease.⁷

In First Nations children aged < 5 years presenting to primary care in urban Queensland for any reason, nearly a quarter of them had a history of chronic cough in the previous 12 months⁸

Children with bronchiectasis experience exacerbations requiring hospitalisation, and this represents a significant and avoidable burden on the Queensland health system, in addition to the personal financial burden on families.

A study published in 2023 estimated the cost of bronchiectasis in Australian children to be \$17.77 million per year, noting that this study was not specific to Aboriginal and Torres Strait Islander children.⁹

The cost of hospitalisation related to bronchiectasis in children was calculated and reported in 2020.⁶

- The median age of hospitalisation was **six years old**
- The mean duration of hospitalisation was **12 days**
- Each hospitalisation resulted in a mean cost to the health service of **AU\$30,182** (in 2016 dollars)

Building awareness and addressing known risk factors could increase life expectancy of up to 22 years of life for First Nations peoples living with bronchiectasis.

With **early diagnosis** and **appropriate treatment**, disease progression can often be **halted or even reversed in children**. Health care professionals working with First Nations communities are uniquely positioned to provide early intervention and treatment in a culturally sensitive way.

Evidence shows that **providing culturally secure health information and healthcare** can empower families, increase knowledge, support earlier care seeking, and improve lung health outcomes. **Rates of bronchiectasis among First Nations people can be reduced** through building awareness and addressing known risk factors.⁷

There are over 273,000 (28%) First Nations people living in Queensland¹⁰, the second largest population across Australia. Targeted investment in an **awareness campaign** can contribute to **closing the 22-year life expectancy gap** experienced by First Nations people in Queensland living with bronchiectasis. Lung Foundation Australia is best suited to do this by utilising our strong relationships and history of collaboration with Aboriginal and Torres Strait Islander peak bodies and organisations, our expertise in lung health, and our experience in running health awareness campaigns.

“With early recognition and treatment of chronic wet cough in children, progression to chronic lung diseases like bronchiectasis can be prevented - and that’s where awareness in Queensland communities can make all the difference.” - Professor Anne Chang

In collaboration with First Nations partner organisations, LFA will create an end-to-end campaign to combat preventable chronic disease development and improve the lives of Queensland children.

The campaign will include:

- resource development for community and health care professionals
- community awareness strategy development and delivery
- community imagery capture
- online learning modules for health care professionals

This initiative directly supports **Queensland Health’s First Nations Health Equity Strategy 2032** and the Queensland Health Aboriginal and Torres Strait Islander Health Equity Framework by:

- Improving child health outcomes through prevention of chronic disease and avoidable hospitalisations.
- Building community health literacy via culturally appropriate resources that empower families to act when a child has a chronic wet cough.
- Strengthening the cultural capability of the health workforce by providing guideline-aligned training and tools for clinicians, including Aboriginal Medical Services.
- Reducing inequities by addressing a preventable, high-burden condition disproportionately affecting First Nations children in QLD.

The project also aligns with:

- **Making Tracks Together: Queensland’s Aboriginal and Torres Strait Islander Health Equity Framework** – through co-design and cultural security.
- **Queensland Health Strategic Plan 2024–2028** – by delivering prevention, health promotion, and healthy starts for children.

* Full budget available on request.

\$500,000 to deliver e-cigarette resources and information for young people in QLD

Recognising the gap that exists in current information and resources, we will use our knowledge and experience to collaborate with priority communities in QLD to co-design population specific e-cigarette resources for young Queenslanders. This one-off funding, that expands on our current project success working with Queensland Health, will support the co-design of materials that empower young people to make healthy decisions informed by the latest evidence and research to prevent e-cigarette use and support young people trying to quit.

Vaping rates have increased significantly over the last few years, creating a public health crisis, particularly among young people. Young people need access to information and resources that not only support prevention but also provide effective, appropriate approaches to quitting vaping.



Young people aged 18-24 have the highest rates of vaping in QLD and across Australia.

Vaping by 18-24-year-olds increased steeply from 3% in 2018 to 21% in 2023.

Evidence continues to emerge on the physical and mental health harms from vaping including lung injury, mouth and airway irritation, persistent cough, burns, nicotine addiction, increased anxiety, and more. In addition, young people who vape are **5x times more likely to take up cigarette smoking** than those who do not.¹¹ We are witnessing a new generation of young people inhaling harmful chemicals, addicted to nicotine, and needing support.

LFA has recognised a need for co-designed e-cigarette information and resources with content and messaging that suit the needs of young people aged 18-24.

Our experience in delivering high quality and culturally appropriate resources

Lung Foundation Australia are well placed to deliver this work as we have a strong track-record of rapidly developing accurate, quality, and co-designed resources on e-cigarettes, and have extensive experience in co-designing culturally and linguistically diverse resources.

Projects include co-designed animated short videos, and factsheets for First Nations young people in collaboration with **Na Joomelah and the Tackling Indigenous Smoking** (NBPU TIS) team in NSW and **Apunipima Cape York Health Council** (QLD) to create resources for First Nations young people that can be found on our [Vaping Information for First Nations Communities](#) webpage.

We created “**Ditch the Vape**” for young tradies aged 18-24 with videos, factsheets and posters that can be found on our [Vaping education and resources](#) webpage.

Our [Unveil What You Inhale](#) suite of resources, and our more recent resources include factsheets on the [environmental impacts of e-cigarettes](#), and [vaping and mental health](#).

LFA's e-cigarette factsheets are some of our most in demand and viewed resources and our free school based [vaping e-learning module](#) has had over 5,300 people register. LFA's e-cigarette resources are promoted and used by Federal and State Health and Education departments, schools across the country, state health promotion units, Tackling Indigenous Smoking units, and public health NGOs.



Tackle Queensland's low respiratory vaccination rates to improve health and reduce ramping

(a) Commit to funding free influenza vaccination for the next three years to provide planning certainty and emphasise the importance of vaccination

With 80% of influenza hospitalisations in QLD to the end of September 2025 occurring in people who had not been vaccinated, and the highest recorded hospitalisation rate in years,¹² this shows how effective the vaccine is in preventing severe outcomes. We recommend the QLD Government commit to funding free influenza vaccination for the next 3 years to provide planning certainty and encourage sustained improvements in coverage.

QLD's annual influenza vaccination rate continues to fall:

2023	32%
2024	30%
2025	29%



"I need a reliable source of what [vaccination] is recommended and available, plus be available at reasonable or no cost."

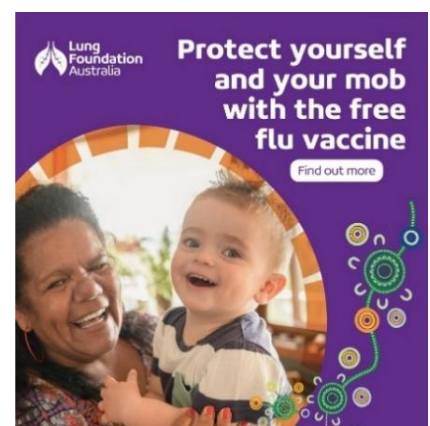
Queensland respondent to LFA Adult Vaccination Survey, 2024

Health peak organisations are well placed to deliver public messaging that explains the benefits of reducing the risks of disease through vaccination. With distrust in government health messaging a reality following the COVID-19 pandemic, messaging from consumer-led organisations is vital. LFA has strong experience in working collaboratively with population groups to co-design activities that work for them.

(b) Fund LFA for \$500k per year for two years to co-design and deliver activities to improve vaccination rates for Queenslanders living in rural and remote areas

We recommend the QLD Government fund LFA to work alongside rural consumers and representative organisations on co-designed activities (for example, printed resources) aimed at improving vaccination rates. Rural and remote residents are a priority population in the National Immunisation Strategy, and Queensland has Australia's second largest remote, and largest very remote population. LFA recently published insights¹³ into the vaccination practices and preferences of non-metropolitan Australians and found that 86% of respondents agreed that the government should increase investment in support and information for the community on vaccination.

An example of our capacity to deliver co-designed vaccination messaging is our 5-year running Protect Your Mob campaign for Aboriginal and Torres Strait Islander Australians. The suite of resources can be found [here](#)



\$180,000 per year for 2 years, to fund a Lung Cancer Screening Priority Populations Engagement Officer based in QLD

Lung cancer is the leading cause of cancer-related death in QLD. Many lung cancer patients experience critical delays in diagnosis and commencement of treatment which can reduce survival rate.¹⁴ Despite being the fourth most diagnosed cancer in Australia, it continues to have one of the lowest survival rates at just 26% in QLD compared to breast cancer at 86%, Melanoma at 85%, Prostate cancer at 84% and colorectal cancer at 63%.

When lung cancer is detected early, survival rate and quality of life are dramatically improved. The National Lung Cancer Screening Program (NLCSP), which was launched in July 2025, provides an opportunity for early detection and early intervention for people with lung cancer. This program is predicted to **save more than 12,000 Australian lives** over the next decade by diagnosing cancers at an earlier stage. However, there are many **barriers to accessing screening** that will mean the most disadvantaged in the community will not get access to this life saving program.

Lung Foundation Australia has played a central role in shaping and supporting the NLCSP, with a strong focus on equity and inclusion. Through national consultation with stakeholders and individuals from priority populations, we have identified key barriers and enablers to accessing screening. Barriers included, but were not limited to:

- Reluctancy to disclose smoking history due to stigma
- Stigma surrounding lung cancer and smoking cessation support
- Lack of culturally safe services
- Language barriers and a lack of in-language materials
- Limited awareness of screening programs in priority population communities.

All 5 priority populations we consulted with emphasised the critical role of local tailored support to assist with NLCSP engagement



These insights underscore the need for targeted support. The proposed Engagement Officer will design and implement strategies directly with communities, service providers and professional organisations to address these barriers, build trust, and ensure the program reaches those most at risk. The Engagement Officer would provide NLCSP implementation support to improve access, information, and education accessibility throughout priority populations and work closely with Queensland Health to ensure alignment and information sharing.

This dedicated role is essential to **advancing equitable access** to the National Lung Cancer Screening Program for priority populations, including people living in rural and remote areas, people with disability, people from culturally and linguistically diverse communities, people in the LGBTIQ+ community, and people living with mental illness.

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