



Improving Lung Health for South Australians

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

Executive summary

Lung Foundation Australia (LFA) 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 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 over 30 types of lung conditions, and they pose a significant health and economic burden in South Australia. Lung cancer is the fourth most diagnosed cancer in South Australia.¹ Lung conditions collectively cost the SA healthcare system approximately \$1.1 billion in 2022-23, that is 9% of total health spending on disease.²

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

Lung Foundation Australia's priorities for the 2026-2027 South Australian Budget

- 1** Expand the highly successful lung cancer nurse pilot program to improve equity of access, and fund LFA \$378,000 per year to provide ongoing critical support for these nurses and the program
- 2** \$250,000 per year for 3 years to help fund LFA's Respiratory Care Program that supports SA residents living with COPD
- 3** \$450,000 to co-design e-cigarette resources and information for South Australian First Nations and culturally and linguistically diverse young people.
- 4** \$150,000 per year for 2 years, to fund a Lung Cancer Screening Priority Populations Engagement Officer in South Australia.

For more information on this submission, please contact:

Mark Brooke

Chief Executive Officer

Lung Foundation Australia

0417 076 090; 07 3251 3650

markb@lungfoundation.com.au

¹ AIHW 2025 Cancer data in Australia

² AIHW 2024 Health system spending on disease and injury in Australia, 2022-23

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

1. Expand the highly successful lung cancer nurse pilot program to improve equity of access, and fund LFA \$378,000*/year to provide ongoing critical support for these nurses and the program



New lung cancer screening program will increase surgeries in metro hospitals



A hub-and-spoke model of SLCN across regional & metro SA will address inequities

2. \$250,000*/year, for three years, to co-fund our telephone-delivered Respiratory Care Program to support SA residents living with COPD



COPD is South Australia's #3 leading cause of potentially preventable hospitalisations



Our Respiratory Care Program results in reduced emergency and general hospitalisations

3. \$450,000* to address gaps in e-cigarette resources and information for First Nations and culturally and linguistically diverse youth in SA



With vaping uptake decreasing, need turns to supporting youth to quit



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

4. \$150,000*/year, for two years, to fund a Lung Cancer Screening Priority Populations Engagement Officer based in SA



~21,200 people in South Australia eligible for lung cancer screening in 2025



The officer will increase awareness and support participation in the NLCSP

* Full budgets available on request

Expand the highly successful lung cancer nurse pilot program to improve equity of access, and fund LFA \$378,000 per year to provide ongoing critical support for these nurses and the program

South Australia currently has **3 LFA Specialist Lung Cancer Nurses** based in the Royal Adelaide/Queen Elizabeth Hospital, Flinders Medical Centre and Lyell McEwin Hospital, but more are needed to support South Australians diagnosed with lung cancer.

Continued funding for these nurses is vital to ensure continuation of care for existing patients and for people with suspected or confirmed lung cancer, as is the expansion of the SLCN program to address inequities in regional care.

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



- More than 1,000 South Australians were diagnosed with lung cancer in 2020
- More than 700 South Australians died from lung cancer in 2023
- Lung cancer costs the SA health system

"Knowing that my specialist nurse was working away in the background pushing the referrals and appointments gave me time to fall apart, and pull myself together, so I could tell my family here and overseas [about my diagnosis]."

A South Australian lung cancer patient receiving SLCN care

The SA Government's existing partnership with LFA has already demonstrated the impact of SLCNs and the expansion of this model through a **hub-and-spoke framework** will deliver equitable, coordinated and continuous care for all South Australians affected by lung cancer. By expanding this model to regional centres, we can ensure regional patients receive consistent, high-quality lung cancer care across the entire care pathway and contribute to better health outcomes and quality of life for more South Australians living with lung cancer. LFA's

established infrastructure, training platform, and national leadership provide the ideal foundation for scaling this program – we are eager to continue providing this support as the program expands.

The Hub-and-Spoke framework

- **Regional integration:** LFA Specialist Lung Cancer Nurses (SLCNs) would be embedded within key regional health networks to strengthen local service delivery.
- **Metropolitan hubs:** Metropolitan-based nurses would act as clinical and coordination hubs, offering mentorship, facilitating case collaboration, and ensuring streamlined communication across networks.
- **Continuity of care:** Patients travelling to metropolitan centres for diagnostics or treatment would continue to receive support from their local regional LFA nurse; before, during, and after treatment, to maintain continuity of care.
- **Centralised support:** LFA would provide statewide coordination, education, and data management to ensure consistency, enable evaluation, and uphold program quality.

Priority 1

Despite the life changing benefits provided by SLCNs, there is a significant shortage of SLCNs across Australia. With approximately 25,206 Australians living with lung cancer in 2025¹ and the current Australian workforce (46 SLCNs²), there is only 1 SLCN for every 329 new people diagnosed with lung cancer each year¹. **To meet the need of South Australian residents with lung cancer, LFA are seeking the re-funding of the 3 existing SLCNs and additional funding for 6 SLCNs.**

LFA is seeking re-funding for the SLCN across **South Australia's metropolitan hospitals, with an additional one nurse urgently required for Queen Elizabeth Hospital**

1. Royal Adelaide Hospital/Queen Elizabeth Hospital
2. Flinders Medical Centre
3. Lyell McEwin Hospital
4. Second nurse required solely for Queen Elizabeth Hospital

Additionally, **5 SLCN in South Australian hospitals that anchor large rural catchments with frequent cross-Local Health Network patient flows to metropolitan hospitals** – exactly where LFA's hub-and-spoke model can prevent patients being lost when care continues outside their Local Health Network.

5. Mt Gambier Hospital
6. Mt Barker Hospital
7. Pt Lincoln Hospital
8. Pt Pirie Hospital/Wallaroo Hospital
9. SA Rural Support Service – Adelaide Office. A centrally based SLCN needed to support lung cancer patients and SLCN across SA Regional Cancer Centres.

9 nurses is > \$9.5 million in net benefit savings to the health system per year
(including cost & quality of life benefits as per independent LFA analysis)



SA Minister for Health and Wellbeing, Hon. Chris Picton MP with SA and QLD LFA SLCN's at the Australian Lung Cancer Conference in Adelaide, 20 February 2025.

The Minister opened the conference and lauded the LFA SLCN for providing “wrap around care and support for sufferers of lung cancer and addressing that disparity in treatment [dedicated care between different cancer types]”.

¹ AIHW Cancer data in Australia, Cancer summary data visualization; NCCI Relative survival by stage at diagnosis (lung cancer)

² LFA (2025) Lung Cancer Scorecard 2025

\$250,000 per year for 3 years, to help fund LFA's telephone-delivered Respiratory Care Program to support SA residents living with COPD

COPD (chronic obstructive pulmonary disease) describes chronic lung diseases characterised by obstructed airflow. Breathlessness is the key symptom. There is no cure, but good management slows progression. LFA have supported Australians living with COPD for over 30 years through the provision of information and support services, advocacy for increased health and community care investment, and championing innovation in treatment.

The impact of COPD in South Australia¹

Health system expenditure: \$132 million in 2022-23

Deaths: 651 in 2023 (fifth leading disease-specific cause)

Prevalence: 47,300 South Australians in 2022 (more than cancer)

Potentially preventable hospitalisations: Third leading cause in 2023-24



Our free to consumer Respiratory Care Program aims to improve patient engagement with their healthcare teams, and uptake of self-management strategies. It comprises three clinician-led telephone appointments over 4 to 6 months, with a follow-up call 12 months after the final session. A key focus is identifying gaps in evidence-based care as provided in the Australian and New Zealand Guidelines for the Management of COPD.

The program is underpinned by a robust data collection protocol to assess its impact. One key measure of success is the uptake of written COPD Action Plans, which are vital self-management tools that help individuals recognise baseline symptoms and respond appropriately to changes. To date, more than 400 participants have completed the program and their 12-month follow-up. Among this group, Action Plan ownership rose from 26% at baseline to 48% post-program, and further to 55% at 12 months. Emergency department presentations dropped, with the proportion of participants reporting zero visits rising from 61% to 77%, and similar improvements were seen in hospitalisation rates. Since the program started in 2019, 105 South Australians have been clients of our Program for COPD. A further 34 have been clients of our program for bronchiectasis.

"The things that have helped me manage my COPD are the supports given through Lung Foundation Australia – they gave me the tools to be able to help myself."

SA resident living with COPD

¹ AIHW 2024 Health system spending on disease and injury in Australia, 2022-23; ABS 2024 Causes of Death; ABS 2023 National Health Survey; AIHW 2025 Admitted patient safety and quality

\$450,000 for e-cigarette resources for First Nations and culturally and linguistically diverse youth in South Australia to drive cessation

The number of people using e-cigarettes has increased significantly over the last few years, particularly among young adults. It has been estimated that First Nations people are 1.5 times more likely to currently use an e-cigarette compared to non-indigenous Australians.¹ With ongoing changes in the policy environment and evidence continuing to emerge, it is important that updated information and resources are available to encourage healthy behaviours in young people and help those struggling with a nicotine addiction to quit. However, culturally appropriate vaping information and resources for priority populations, including First Nations communities and people from non-English speaking backgrounds are lacking.

LFA have developed a wide range of vaping resources, including:

- [Factsheets](#) for youth, young adults, parents and carers, educators, and health professionals
- Free [vaping e-learning module](#)
- [Animated short videos, posters, and factsheets](#) for First Nations young people, co-designed with communities in New South Wales and Far North Queensland, and
- [Videos, posters, and factsheets](#) for young people who work in a trade industry.

“They [LFA’s vaping videos] provided me [with] information about things I wouldn’t have known about. It has taught me a lot about it.”

First Nations youth resources
co-design participant

LFA’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 with others to produce meaningful and impactful resources that improve knowledge and change behaviour.

Lung Foundation Australia’s suite of First Nations vaping resources were co-designed with Na Joomelah, Apunipima Cape York Health Council, and the National Best Practice Unit Tackling



Indigenous Smoking. We would like to expand and adapt our existing resources for SA 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 SA who have a non-English speaking background. Our recommendation is in line with actions of the [SA Tobacco Control Strategy 2023-2027](#), and its vision for SA to have the lowest rate of e-cigarette use among young people.

¹ AIHW 2024. National Drug Strategy Household Survey 2022–2023

\$150,000 per year for 2 years, to fund a Lung Cancer Screening Priority Populations Engagement Officer based in SA

In South Australia, and nationally, lung cancer is a leading cause of cancer-related deaths. Despite being the **fourth most diagnosed cancer in Australia**, it continues to have one of the lowest survival rates. **Lung cancer is the leading cause of cancer death in South Australia.**¹ This stark reality highlights the urgent need for early detection, targeted investment, and increased awareness of the NLCSP across the state.

When lung cancer is detected early, survival rate and quality of life are dramatically improved. The NLCSP, which was launched in July 2025, provides an opportunity for early detection and early intervention for people with lung cancer. This NLCSP 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. With over **21,200 people in South Australia eligible for screening** in the first year of the program, this funded position will play a critical role in community engagement.²

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



LFA 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 (LGBTIQA+ communities, CALD communities, people living with mental illness, living in rural & remote areas, people with disability) 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.

These insights underscore the need for targeted support. The proposed Engagement Officer will 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. They would provide NLCSP implementation support to improve access, information, and education accessibility and work closely with the South Australian Department to ensure alignment.

¹ AIHW 2024 Health system spending on disease and injury in Australia; ABS 2024 Causes of Death; AIHW 2025 Cancer data in Australia

² [National Lung Cancer Screening Program Participation Modelling](#)

Lung Foundation Australia

Level 4, 12 Cribb St,
Milton QLD 4064

PO Box 1949, Milton QLD 4064

E: enquiries@lungfoundation.com.au

www.lungfoundation.com.au

Free call 1800 654 301

