



Improving Lung Health for Australians

Lung Foundation Australia submission to the Federal
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 cancer and chronic obstructive pulmonary disease (COPD) are two of the leading causes of premature mortality in Australia¹. In 2023-2024, lung diseases collectively cost the Australian healthcare system \$15.5 billion,² more than double the costs of diabetes and chronic kidney disease combined. LFA have identified **six priorities requiring government action** to improve the lung health of Australians.

Lung Foundation Australia's priorities for the Federal Budget 2026-2027:

1

\$5.5m over three years, to transform COPD-X into Australia's next-generation digital guideline for best practice care.

2

\$1.85m per year to expand LFA's in-demand and cost-effective telehealth services so more Australians can access the support they need no matter their location.

3

Improve adult vaccination rates and protect health through community led activities at **\$1.16m per year**.

4

Invest **\$890,000 over two years** to build out a Lung Cancer Directory and Hub to support nurses at a key time for lung cancer coordination.

5

Invest **\$25m per year** in a dedicated research fund and **\$4.1m over three years** to expand and enhance our successful Dust Disease Initiative.

6

Invest in a **Regulatory Impact Statement** for a Tobacco-Free Generation.

The 2025 World Health Organization (WHO) Lung Health Resolution was adopted with Australian support. Our budget request aligns to, and supports, the achievement and implementation of the WHO Lung Health Resolution and multiple national health strategies, including the *National Strategic Action Plan for Lung Conditions* and related *National Strategic Framework for Chronic Conditions*, the *National Preventive Health Strategy*, the *Australian Cancer Plan*, the *National Tobacco Strategy*, *National Immunisation Strategy*, *National Agreement on Closing the Gap*, the *National Action Plan for the Health and Wellbeing of LGBTIQ People* and more. We seek your commitment and investment to address these priorities and promote lung health in Australia.

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

Mark Brooke

Chief Executive Officer
Lung Foundation Australia
0417 076 090; 07 3251 3650
markb@lungfoundation.com.au

Budget at a glance

1



\$5.5m over three years, to transform COPD-X into Australia's next-generation digital guideline for best practice care.

COPD contributes significantly to avoidable disease burden in Australia.

After 20 years as the leading best practice guide to managing COPD, the COPD-X guidelines will be updated to a digitally accessible format increasing accessibility.

2



\$1.85m per year to expand LFA's in-demand and cost-effective telehealth services so more Australians can access the support they need.

Our services reduce health system pressure and improve patient outcomes.

LFA's telehealth services enable evidence-based, timely and coordinated care to be provided, but, we are unable to meet demand & there are Australians missing out.

3



\$1.16m per year over three years for co-designed activities to improve adult vaccination rates nationwide.

Vaccine preventable hospitalisations cost Australians over \$2 billion each year.

This investment would see us working in collaboration to build resources and activities that meet the needs of specific communities to increase adult vaccination rates.

4



Invest \$890,000 over two years to build out a Lung Cancer Directory and Hub to support nurses.

Empower lung cancer patients and nurses.

Following the launch of the National Lung Cancer Screening Program, the development of a digital Directory and nurse hub is critical to improve outcomes.

5



Protect workers at risk of Occupational Lung Disease through ongoing funding and investing in new research.

Thousands of Australians continue to be at risk of occupational respiratory diseases.

Invest **\$25 million per year** in a dedicated research fund and **\$4.1 million over three years** to expand and enhance our Dust Disease Initiative.

6



Invest in a Regulatory Impact Statement for a Tobacco-Free Generation.

Tobacco remains the leading cause of preventable death in Australia.

Reducing generational access to tobacco and nicotine products will not only save thousands of lives but also reduce the economic burden on our health system.

\$5.5m over 3 years, to transform COPD-X into Australia's next-generation digital guideline for best practice care.

Chronic obstructive pulmonary disease (COPD) is a term that describes a range of conditions caused by obstructed airflow, including emphysema, chronic bronchitis, and chronic asthma. COPD is a progressive, long-term lung condition that leads to increasing breathing difficulty, disability, and premature death. COPD is a leading cause of disease burden, potentially preventable hospitalisations, and premature death in Australia - accounting for **50% of the respiratory disease burden**.³

Although there is no cure for COPD, the condition is inherently treatable. Early diagnosis and evidence-based interventions can slow disease progression; however, despite advances in **diagnosis and treatment, care remains inconsistent, with significant variations across regions and population groups.**

The impact of COPD in the Australia

Prevalence: More than 638,100 people or approximately 2.5% of Australians were living with COPD in 2024.³

Deaths: 9,229 deaths were associated with chronic lower respiratory disease in 2024, making it the 3rd leading cause of death in Australia.⁴

Hospitalisations: COPD accounted for over 53,00 potentially preventable hospitalisations in 2021-22.³

Health system costs: more than \$1.75 billion in 2023-24.³



The COPD-X Plan is the Australian and New Zealand Guideline for the Management of COPD. After more than two decades, COPD-X has reached a critical point where its structure, methodology, and format no longer meet contemporary expectations. To meet the diverse and complex needs of Australians living with COPD, and their clinicians, LFA recommends funding investment for the following three core COPD-X initiatives:

1. **Strengthen COPD-X methodology and governance to meet the *National Health and Medical Research Council (NHMRC)* standards**
2. **Build a digital platform for clinicians**
3. **Embed translational tools and implementation support**

1

Strengthen COPD-X methodology and governance to meet NHMRC Standards

To remain relevant and to support best-practice care, COPD-X will be re-developed as a digital, implementation-ready platform. Targeted federal investment will support the comprehensive redevelopment undertaken over a 3 year-period utilising a structured NHMRC-aligned process to ensure quality, rigour, and transparency. The 3-year redevelopment will include:

- **Methodologies:** Adopting GRADE and other systematic methodologies to underpin recommendations.
- **Governance:** Establish an independent steering committee with multidisciplinary and consumer representation.
- **Transparency:** Publication of protocols, review processes, and decision-making pathways to build trust and credibility.

Priority 1

- **Continuous evidence surveillance:** A sustainable approach for rapid updates to maintain currency.
- **Building capacity:** Strengthening involvement of multidisciplinary experts, including primary care, allied health, and consumer representatives.

2

Build a contemporary digital platform for clinicians

LFA prioritises health professional education programs and services that strengthen workforce capability and clinical practice across the lung health life course. The development of a digital platform would provide a centralised point for these programs and services that would streamline delivery, tailored to the needs of the user. As part of LFA's comprehensive design, we will scope end-user needs and gather insights to engage audiences that have not been reached before. As part of the design framework, we aim to include the following:

- **Real-time access:** Deliver up-to-date evidence and recommendations at point of care.
- **Enhanced search:** Explore AI-driven natural language search for quick access to relevant guidance and resources.
User-centred design: Present information in clear, intuitive formats with concise summaries and visual aids.
- **Tailored navigation:** Organise pathways by role, domain, and key activities (assess, diagnose, manage, refer), refined through UX research.
- **Inclusive access:** Ensure usability for clinicians in rural, remote, and under-served settings.
- **Personalised journeys:** Offer customised pathways to guidelines, tools, and learning resources.
- **Strategic partnerships:** Align with peak bodies and best-practice digital approaches for evidence delivery.

3

Embed translational tools and implementation support

Guidelines do not improve care unless they are supported with practical implementation tools. In collaboration with clinicians and health services, LFA will focus on embedding work through translation into practice. This co-design work will seek to develop the following tools:

- **Implementation toolkits:** care pathways, checklists, decision aids and patient plan templates to support adoption.
- **Quality improvement:** Audit, benchmarking, and feedback tools to track adherence and outcomes.
- **Education & training:** Online modules, webinars, and case-based resources to build capability.
- **Partnership initiatives:** Work with PHNs, health districts, and colleges to embed guidelines into care models and workflows.
- **Evaluation & measurement:** Framework to assess uptake, usability, and impact, informing ongoing improvement.

\$1.85m per year to expand LFA's in-demand & cost-effective telehealth services so more Australians can access the support they need no matter their location.

LFA's national Respiratory Care Nurse (RCN) service is a free telephone-based service designed to work alongside a patient's existing health care plan. Our RCN's provide support, and guide people living with COPD to improve their knowledge, confidence and skills to self-manage their disease. With health system costs continuing to increase, improved self-management of chronic conditions is vital. The RCN COPD service is an invaluable tool for patients and is ready to expand to meet the growing needs of the broader lung disease groups.

LFA'S RCN Evaluation on Patient Reported Outcomes

A recent evaluation of the RCN COPD program demonstrated the following patient outcomes for individuals who had three appointments over 12 months:

- ✓ Significantly lower engagement of primary care and emergency department presentations
- ✓ Reduced flare-ups (exacerbations of disease)
- ✓ Reduced total number of hospitalisations
- ✓ Reduced CAT score which measures the overall impact of COPD symptoms on health, quality of life and daily activities
- ✓ 100% satisfied or highly satisfied with the RCN service.



Program participation cut COPD treatment costs by \$2,000 per patient.⁷

LFA strives to ensure equitable access to RCN services across all lung disease groups, however resource constraints prevent us from delivering essential disease specific support for patients with bronchiectasis and progressive fibrosing interstitial lung disease (PF-ILD). LFA has seen **increased website engagement with PF-ILD resources, recording over 8,000 interactions** in the past six months, and **have 950 patients with PF-ILD registered with us**. Current resource constraints limit LFA's ability to deliver disease-specific support, leaving these patients disadvantaged and worsening shortfalls for priority populations already experiencing service gaps.^{5,6}

What is Bronchiectasis and PF-ILD

PF-ILD refers to a group of over 200 chronic lung conditions marked by irreversible scarring that steadily impairs lung function. In Australia, PF-ILD poses a growing healthcare challenge with patients often needing ongoing specialist care and experiencing frequent emergency hospital presentations.

Bronchiectasis is a chronic lung disease caused by persistent airway inflammation, leading to irreversible airway damage. Importantly, bronchiectasis is not a single disease, yet the burden of this disease falls most heavily on disadvantaged populations, particularly Aboriginal and Torres Strait Islander peoples and those living in rural and remote areas with limited access to respiratory specialists.^{5, 6}

“Knowledge is power, which is what the nurses service does, because it gives you that knowledge to go out there and help yourself.... The level of anxiety and feeling of being alone is so great before you get to a service like the Lung Foundation nurses where all of a sudden, you're validated, you're heard, you feel like a person again. And once you feel those things, you're able to absorb the information of how to help yourself. People like the Lung Foundation Nurses, it's almost like they give you back your life. They give you back the ability to take control and move forward.”

– Naomi, mother of three, living with COPD.

We know that LFA's existing RCN telephone-based service provides an invaluable service for people with lung disease, their families and those caring for people living with a lung disease. LFA's free RCN telephone-based service empowers people to manage their disease in line with their health care plan by reducing significant barriers such as:

- Living in a regional, rural or remote area where there is less access to multidisciplinary face to face care, including specialist care.
- Navigating complex health systems, knowing which services are available and how to connect to them.
- Understanding evidence-based care pathways and the key elements of good care, ensuring patients are more activated in their care.
- No time constraints, so patients can ask questions to nurses who understand their lung condition and be empowered to have improved conversations with their healthcare teams
- Stigma free support.
- A place to go for trusted and credible information and support for any questions or concerns they may have.

Expanding RCN services would deliver significant benefits for thousands of Australians living with bronchiectasis and PF-ILD, enhancing health literacy and empowering patients to confidently self-manage their condition and engage more effectively with their primary care physicians and health care plans.

Invest \$1.16m per year for 3 years to improve adult vaccination rates Nationwide.

Australia's child vaccination coverage is world leading. Our adult coverage is not. Heightened vaccine hesitancy, misinformation, and disinformation following the COVID-19 pandemic has compounded existing challenges. Renewed focus and commitment are required to boost adult vaccination rates and protect the health of Australians.

Vaccine-preventable disease (one that can be prevented or have its severity reduced through vaccination) is a leading cause of avoidable hospitalisation in adults and **cost the healthcare system over \$2.4 billion** in 2021 alone.⁸ There are no adult vaccination targets in Australia, and with vaccination uptake declining across all adult demographics, a renewed approach to community-led initiatives is required to re-build messaging and trust with the Australian community.

The majority of recommended adult vaccines are respiratory related (Influenza, COVID-19, Pertussis, Pneumococcal, Respiratory syncytial virus [RSV], Shingles), and LFA plays a significant role in advocating for and with our extensive Healthcare and Consumer networks and committees to increase vaccination information, resources and coverage. Aligning with the *National Preventative Health Strategy*, the *National Immunisation Strategy*, and the *National Strategic Action Plan for Lung Conditions*, LFA recommends the prioritisation of three key initiatives to improve adult vaccination nationwide.

Australia's seasonal influenza uptake is decreasing:^{4, 9}

2022 - 30.5%
2023 - 24.2% / 22.3%*
2024 - 22.3% / 20.9%*



In 2024, over **6,600 Australians** died from influenza, RSV or COVID-19.¹⁰

In 2025 more **Aboriginal and Torres Strait Islander Australians** have **died from influenza** than RSV or COVID-19.¹¹

*Aboriginal & Torres Strait Islander Data

1

Invest funding into co-designed community-led initiatives that build tailored resources for priority cohorts that promote trust and equitable access.

In line with Priority 2a-b of *National Immunisation Strategy*, we recommend the Federal Government fund LFA's community-led co-design initiatives that leverage our strong connections with community, consumer and health professionals nationwide across the following suite of activities:

- **Expand the successful Protect Your Mob campaign** to strengthen collaboration with NACCHO and ACCHOs, develop tailored resources, and boost community engagement and activation, building on five years of growing impact in Aboriginal and Torres Strait Islander immunisation awareness.
- **Create plain-English immunisation resources focused on adult vaccination across the life course**, co-designed with consumers and clinicians to ensure accuracy and effectiveness. Development will follow LFA's proven process, incorporating focus groups, message testing, and ongoing input from both clinical and consumer perspectives.
- Focusing on people living in **rural and remote areas, Culturally and Linguistically Diverse (CALD) communities, and individuals living with lung disease and other co-morbidities**, LFA would work in partnership with peak bodies such as the National Rural Health Alliance and

Priority 3

FECCA to **develop tailored assets including resources, videos and other materials (in up to 5 languages), deliver social media campaigns, and work together on community engagement events for local dissemination.**

- Further **tailoring of all vaccination resources and information for other audiences as trends emerge** and change, e.g. young adults and flu vaccine, women, men, and other groups based on needs.

2

Invest funding to create high-quality education and support resources for healthcare professionals.

Aligning with Priority 2d and Priority 4 of the *National Immunisation Strategy*, LFA recommends Federal investment to develop healthcare professional education and support.

Leverage LFA's Lung Learning Hub, a dedicated platform for healthcare professionals, as the primary source of high-quality information and accredited training. This will include the development of clinical decision-making tools, expert-led webinars, and regular updates based on the latest immunisation recommendations. Paid promotion and strategic dissemination of these tools, training, and resources will be implemented to ensure broad reach and engagement.

3

Establish national adult vaccination targets.

With vaccination rates waning, creating significant health system challenges, action is needed urgently. Despite the various seasonal vaccination programs available across the country, offering either free or subsidised **influenza and COVID-19 vaccinations, vaccination coverage for these infections remains below 40%.**

LFA recommends that the Federal Government build on the success of child vaccination programs by **establishing national targets for adult vaccination.** LFA acknowledges the extensive engagement and consultation required to achieve this, particularly among priority populations, and is committed to supporting the process by providing access to our communities and networks for input.

As the Peak body for lung health in Australia, LFA are well-placed to deliver resources and 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 across multiple disease areas to co-design activities tailored for their needs of their communities. Leveraging the third-party experts like LFA for public health activities and messaging enables the government to work alongside us to strengthen and deepen those community connections through lived-experience engagement.

Invest \$890,000 over 2 years to build out a Lung Cancer Directory for patients and Hub to support nurses.

Timely and easy access to support services is crucial to address the diverse and unique needs of people living with lung cancer and is integral to driving better health outcomes and improving patient wellbeing.

The development of an intuitive **online Directory** will **empower lung cancer patients** by increasing their access to services and ultimately improving their understanding of a diagnosis and helping them navigate the complexities of the Australian healthcare system throughout their cancer journey. Complementing this initiative, is the creation of a **Best Practice Nursing Hub** (Hub) which would be established to enable nurses to **share evidence-based in sights** and best practices across the cancer care continuum.

People living in regional, rural and remote areas experience significantly higher rates of lung cancer than those in major cities,

For example, lung cancer incidence exceeds the Australian average by:¹²



53% in Cape York (QLD)
56% in Central Highlands (Tas)
53% in Meekatharra (WA)

Universal access to information and supports in a lung cancer journey is vital.



Lung Cancer Service Directory

The **Lung Cancer Service Directory** (Directory) will be designed to support the community and healthcare professionals in navigating Australia's lung cancer services. A primary goal of the Directory is to promote early detection, timely access to treatment, and comprehensive support across the entire cancer care continuum for patients. A digitally accessible tool decreases barriers presented by geography, enabling immediate access to information at any time. With the rollout of the National Lung Cancer Screening Program (NLCSP), the ability to identify and map services is critical to improving awareness and accessibility to participating providers.

Building on the All Cancer Nursing and Navigation Program (ACNNP) and enhancing patient access to care, the Directory Project will identify and map the locations of:

- Lung Cancer Multi-disciplinary Teams
- Pulmonary Nodule Multi-disciplinary Teams
- Lung Cancer Screening Centres
- Respiratory Rapid Access Clinics
- Specialist nursing services, including LFA's Specialist Lung Cancer Nurses (face-to-face and telehealth), McGrath Cancer Care Nurses (Lung), and state/territory Clinical Nurse Consultants.

The Directory will feature an interactive online map, searchable by service name, postcode, or by clicking directly on the map. Accessible via the LFA website and the upcoming Nurse Portal, this resource will strengthen awareness and connectivity for both patients and nurses, ensuring streamlined access to lung cancer services nationwide.

Priority 4



Best Practice Nursing Hub

The **Best Practice Nursing Hub** (Hub) will enable lung cancer nurses to share exemplary practices, inspiring peers to work at the top of their scope. By showcasing quality improvement initiatives, case studies, and patient impact stories, the Hub will foster collaboration and elevate standards of care. As a dedicated section within the Nurse Portal, nurses can upload and categorise activities, creating a dynamic best practice guide serving as a trusted reference for excellence in care.

Together with the public-facing Lung Cancer Service Directory, this initiative maximises investment in the NLCSP and the ACNNP, driving best practice nursing care and improved patient outcomes.

This Hub will provide:

- Tailored information at scale, supporting the *Australian Cancer Plan* across the full care continuum, from prevention and diagnosis to treatment, recurrence, palliative care, and survivorship.
- Case studies, real-life examples, and patient stories to guide best practice via the Australia and New Zealand Lung Cancer Nurses Forum and affiliated networks.

Australia's first integrated digital lung cancer navigation Directory and nursing hub will become a one-stop resource for patients and healthcare professionals.

Lung cancer is the leading cause of cancer death in Australia.

And yet almost 50% of people diagnosed with lung cancer wait more than 42 days to start treatment.¹³

Every delay can be life-threatening. Access to information, timely diagnosis and treatment will save lives.



This two-year project will deliver significant improvements in lung cancer care through three key outcomes: **improved access to care, enhanced coordination and collaboration, and better patient outcomes**. By integrating a digital portal, the project will increase patient and nurse access to vital information and resources, removing geographic barriers and empowering the delivery of high-quality, evidence-based care. This platform will strengthen connectivity across the cancer care continuum, ensuring timely referrals, streamlined communication, and comprehensive support for patients and healthcare professionals nationwide.

Invest \$25m per year in a dedicated research fund and \$4.1m over 3 years to expand and enhance our Dust Disease Initiative.

Thousands of Australians continue to be at risk of occupational respiratory diseases, and to reduce the current and future burden of these diseases, significant investment in research and targeted projects is essential.

There are many hazardous dusts found in the work environment that, when breathed in, can cause lung conditions known as occupational respiratory diseases. Whilst LFA commends the government's action to ban engineered stone, thousands of Australians across many industries remain at risk of occupational respiratory disease. **If Australia aims to lead globally and address these critical workplace health and safety issues, we must significantly increase investment in research funding.**



LFA's work in occupational respiratory disease:

- Delivering the Annual National Silicosis Prevention and Awareness Campaign, reaching over 25 million Australians from 2023-2025.
- Developing strong stakeholder networks focused on Occupational Respiratory Diseases.
- Achieving over 19,000 completions of Australia's first *Healthy Lungs at Work Quiz*.
- Creating translated resources and targeted campaigns to better support CALD workers.
- Hosting national forums to establish national priorities related to occupational lung disease.
- Securing the Prioritising Improved Care for People with Dust Related Diseases Initiatives grant.
- Launching the Occupational Lung Disease Support Service in 2023.

Funded through the Prioritising Improved Care for People with Dust-Related Diseases Initiatives grant, LFA has delivered a range of co-designed, collaborative campaigns, resources, and research projects aimed at raising awareness, providing support, and engaging consumers, workplaces, and stakeholders to prioritise lung health in occupational settings. LFA's services and resources empower people to make safer decisions to prevent future debilitating diseases.

"...a very important resource for people with lung conditions to access... hearing other stories makes you feel like you are not alone." - User of the Occupational Lung Disease Support Service

National investment through NHMRC and Medical Research Future Fund (MRFF) over the past decade has amounted to **only approximately \$6 million**. If Australia is committed to being a global leader and addressing this workplace health and safety issues, **we must back research.**

We recommend that a **dedicated MRFF grant opportunity be made available annually** in alignment with recommendations made in the MRFF 10-year Investment Plan, the National Dust Disease Taskforce Final Report and the National Silicosis Prevention Strategy.

LFA is committed to continuing to strengthen and deepen relationships across the spectrum of occupational respiratory disease networks and will continue to work with the Australian Government to prevent silicosis and support families and patients who are living with or yet to be diagnosed with this devastating lung disease.

*Full budget available on request.

Invest in a Regulatory Impact Statement for a Tobacco-Free Generation.

Tobacco is still the leading cause of preventable death and disease in Australia. While Australia has been successful in reducing smoking rates through the implementation of a range of world-leading policies, public awareness campaigns and program supports, there is still more to be done.



In 2021, Tobacco addiction cost Australians \$35.billion, and was the leading contributor of addiction-related costs.¹⁴

In alignment with the *National Tobacco Strategy*, Priority 8.1 we recommend that the Australian Government commence the exploration of a regulatory impact statement to better understand the health and economic impacts of raising the minimum age for the purchase of tobacco and nicotine products.

Supported by recent studies, the implementation of Tobacco-Free Generation policies could drastically reduce lung-cancer mortality globally. It was estimated that **40% of lung cancer deaths in people born during 2006–10 could be prevented if a Tobacco-Free Generation was achieved.**¹⁵

Tobacco-Free Generation policies gradually phase out legal sales of tobacco and nicotine products by raising the minimum purchase age by one year annually. This ensures that anyone born after a specified year (e.g., 2009) can never legally buy these products, even as adults. These policies are part of a broader “Endgame” strategy to prevent nicotine addiction in future generations and promote health equity by countering decades of targeted tobacco marketing.

Tobacco is the third-largest risk factor contributing to health expenditure, costing the health system over **\$5.7 billion annually and linked to more than 39 diseases.**¹⁶ While Australia has historically led the world in reducing tobacco-related harms, it is now fallen behind in adopting a Tobacco-Free Generation approach. **Strategic investment in designing and implementing this initiative represents one of the most effective ways for the Federal Government to curb future economic health burdens and reduce disease-related spending.**

In 2023, more than \$5.7 billion in health system spending was linked to tobacco use across 39 diseases.¹⁶



References

1. Australian Institute of Health and Welfare. Australian Burden of Disease Study 2024. Australian Institute of Health and Welfare. December 12, 2024. Accessed November 19, 2025.
2. Australian Institute of Health and Welfare. Health system spending on disease and injury in Australia 2023-24. Australian Institute of Health and Welfare. October 29, 2025. Accessed November 19, 2025.
3. Australian Institute of Health and Welfare. Chronic obstructive pulmonary disease. Australian Institute of Health and Welfare. June 17, 2024. Accessed November 19, 2025.
4. Australian Bureau of Statistics. Causes of Death, Australia. Australian Bureau of Statistics. November 11, 2025. Accessed November 19, 2025.
5. Australian Institute of Health and Welfare. Deaths in Australia – variation in deaths between population groups. Australian Institute of Health and Welfare. April 9, 2025. Accessed 1 December 2025.
6. Australian Institute of Health and Welfare. Chronic respiratory conditions. Australian Institute of Health and Welfare. November 27, 2024. Accessed 1 December 2025.
7. Rana R, Gow J & Moloney C. *The impact and effectiveness of a nurse led telehealth education program for Chronic Obstructive Pulmonary Disease patients*. 2022.
8. Australian Institute of Health and Welfare. Potentially preventable hospitalisations in Australia. Australian Institute of Health and Welfare. August 13, 2024. Accessed 1 December 2025.
9. National Centre for Immunisation Research and Surveillance Australia. Annual Immunisation Coverage Report 2024. Accessed November 21, 2025.
10. Australian Institute of Health and Welfare. Deaths in Australia – COVID-19 deaths. Australian Institute of Health and Welfare. April 9, 2025. Accessed 1 December 2025.
11. Australian Bureau of Statistics. Deaths due to acute respiratory infections in Australia. Australian Bureau of Statistics. December 12, 2025. Accessed December 18, 2025.
12. Australian Cancer Atlas 2.0, (<https://atlas.cancer.org.au>). Cancer Council Queensland and Queensland University of Technology. Version 05-2024. Accessed December 24, 2025.
13. Cancer Council Victoria, Department of Health Victoria. Optimal care pathway for people with lung cancer. 2nd ed. Melbourne: Cancer Council Victoria; 202.
14. KPMG. Understanding the Cost of Addiction in Australia. Rethink Addiction and KPMG; 2022:4. Accessed January 8, 2026.
15. Rey Brandariz J, Rumgay H, Ayo-Yusuf O, et al. Estimated impact of a tobacco-elimination strategy on lung-cancer mortality in 185 countries: a population-based birth-cohort simulation study. *The Lancet Public Health*. 2024;9(10):e745-e754. doi:[10.1016/S2468-2667\(24\)00185-3](https://doi.org/10.1016/S2468-2667(24)00185-3).
16. Australian Institute of Health and Welfare. Health system spending per case of disease and for certain risk factors. Australian Institute of Health and Welfare. October 29, 2025. Accessed January 8, 2025.

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

Contact: Mark Brooke, CEO Lung Foundation Australia
at markb@lungfoundation.com.au or 0417 076 090