

**Eight actions** the next **Western Australian Government** must take to tackle **our biggest killer:**

**HEART DISEASE**

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## The Challenge

The Australian Institute of Health and Welfare (AIHW) has rightly identified that chronic disease is Australia's biggest health challenge.<sup>1</sup>

To successfully meet the chronic disease challenge, the Western Australian Government must do more to tackle its largest and most costly component, cardiovascular disease.

Heart disease is the single biggest killer of Australians, claiming 20,173 lives or 13.1% of deaths registered in 2014.

And cardiovascular disease is costly. In October 2016 the Sax Institute's 45 and Up Study highlighted the ballooning costs of so-called lifestyle illnesses. In NSW alone this was \$330 million for heart disease, \$170 for blood clots, \$92m for strokes, \$87m for hypertension and almost \$40m for obesity.<sup>2</sup>

This Heart Foundation WA State Election Platform identifies eight cost effective actions that the next Western Australian Government must take in order to:

- Help all West Australians live healthier and longer lives
- Boost productivity
- Improve the efficiency and effectiveness of our health system
- Help prevent not only heart disease, but many other chronic conditions, including cancers, type 2 diabetes, kidney disease and dementia.

## The facts

- Heart disease is the leading single cause of death in Western Australia. One in every eight deaths in 2015 was as a result of heart disease (1,809 deaths).<sup>3</sup>
- In the 25-54 year age group, age-standardised incidence rates of heart attack (AMI) have shown that Aboriginal males were 6.4 times more likely to have an AMI than their non-Aboriginal counterparts. In the same age-group, female Aboriginals were 13.3 times more likely to have an AMI than non-Aboriginal West Australians.

## Risk factors

- 31.4% of West Australians or 591,000 have hypertension.<sup>4</sup>
- More than a third of West Australians or 606,900 have high blood cholesterol.
- Overweight and obesity is a growing problem
  - 35.9% or 676,300 are overweight.<sup>2</sup>
  - 24.6% or 460,000 are obese.<sup>2</sup>
- One in six people (15.8% or 312,000) in Western Australia aged 15 and over are current smokers.<sup>2</sup>
- A third of the West Australian population aged 15 and over (30.5% or 602,200) do very little or no exercise.<sup>2</sup>

# Eight actions to tackle cardiovascular disease

**1** **STRENGTHEN** sustainable financing and systems to support health promotion and prevention

**2** Prioritise **ACTIVE** transport (walking, cycling and public transport) and related healthy urban planning

**3** **STRENGTHEN** tobacco control

**4** **MANDATE** robust menu labelling in quick service restaurants

**5** **DETECT** and **EDUCATE** those at risk of heart disease

**6** **SAVE** lives by expanding access to tailored cardiac rehabilitation to *all* eligible patients

**7** **EXPAND** Aboriginal heart health and cardiac rehabilitation programs to three rural locations

**8** **INCREASE** State Government funding and support for heart research

## Cardiovascular disease (CVD) – key statistics for WA

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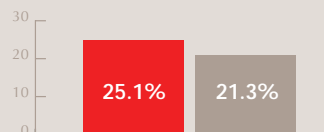
### Who has CVD?

1 in 5



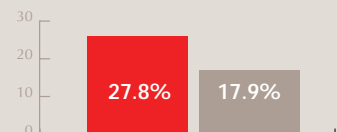
Around one in five (19%)<sup>1</sup> of WA adults have CVD, compared to (23.5%) nationally.

Remote/Regional v Major Cities



Higher proportion of people with CVD in regional and remote areas (25.1%) compared to major cities (21.3%).

Disadvantage



Higher proportion of people with CVD in lowest disadvantage (27.8%) compared to highest disadvantage (17.9%).

### Who is hospitalised?

10%



10% of all WA hospitalisations are for CVD.

1.1 million



Nationally, CVD = 11% of all hospitalisations in 2013-2014 as either the principal and/or additional diagnosis.<sup>6</sup>

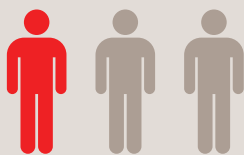
60% higher



Higher proportion of people with CVD in lowest disadvantage (27.8%) compared to highest disadvantage (17.9%).

### Who dies from CVD?

26%



CVD was the underlying cause of 26% of all deaths in WA, and 29% nationally [Source: ABS Causes of Death 2015].

1.6 times higher



CVD death rates in the lowest socio-economic group compared with the highest group.<sup>6</sup>

Twice as likely



In WA, Aboriginal Australians are twice as likely to die after a heart attack than other Australians.<sup>6</sup>



1 in 3  
PBS subsidised medicines  
are for CVD.<sup>8</sup>



80%  
of premature CVD  
is preventable.<sup>9</sup>



## Eight actions to tackle cardiovascular disease

### Prevent

1. Strengthen sustainable financing and systems to support health promotion and prevention
2. Prioritise active transport (walking, cycling and public transport) and related healthy urban planning
3. Strengthen tobacco control
4. Mandate robust menu labelling in quick service restaurants

### Detect

5. Detect and educate those at risk of heart disease

### Treat

6. Save lives by expanding access to tailored cardiac rehabilitation to **all** eligible patients
7. Expand Aboriginal heart health and cardiac rehabilitation programs based on the award winning and evidence based Derbarl Yerrigan Heart Health Program to three rural locations across 2017-2021

### Research

8. Increase State Government funding and support for heart research through the Heart Foundation's new WA Cardiovascular Health Research Network

# 1

## Prevent

### Strengthen sustainable financing and systems to support health promotion and prevention

The Heart Foundation has completed a comprehensive analysis of the value of health promotion and prevention in reducing the devastating toll of Australia's leading killer, heart disease. *Prevention First* builds on overwhelming global consensus regarding the importance of prevention in saving lives and reducing hospitalisations.<sup>5</sup>

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*Prevention First* details the magnitude of the problem and the key risk factors that drive burden, as well as the opportunities and best buys for prevention. Heart disease is the single leading cause of death in Western Australia and much of it is preventable. *Prevention First* describes the interventions which when applied at scale, and in a comprehensive manner, will reduce the impact of heart disease across the population or in a specific sub-population.

There is significant public support for increased investment in prevention. A September 2016 Roy Morgan Research poll shows that 76% of Australians rank preventive health investment among the top 10 priorities for the Australian Government. This is not surprising given that 83% of Australians indicated that they were trying to lose weight and/or improve their fitness. The poll also showed that 90% of Australians view looking after and/or improving our health as very or extremely important.<sup>6</sup>

#### System support for health promotion and prevention

The Australian Institute of Health and Welfare report *Australia's Health 2016* states emphatically that: "A fundamental aim of any health system is to prevent disease and reduce ill health so that people remain as healthy as possible for as long as possible". It then notes that spending on public health activities, including prevention, protection and promotion has been falling steadily for the past decade from 2.2% in 2007-08 to 1.4% in 2013-14. Australia's overall funding for prevention and health promotion is woefully low by OECD standards, well behind New Zealand (7%), Canada (6.5%) and Slovakia (5%).<sup>7</sup>

Western Australia is currently well placed in relation to some Government-funded prevention initiatives including the highly successful public education campaigns, *LiveLighter* and *Make Smoking History* and effective programs such as *Healthier Workplace WA*. These initiatives should be sustained and strengthened.

For many years the Western Australian Health Promotion Foundation has supported innovation in Western Australian health promotion, in addition to providing vital, independent and sustainable funds to finance key health programs and research. The next Western Australian Government should ensure that Healthway's primary function in providing independent funding to health promotion programs and research is retained and strengthened.

The *Public Health Act 2016* (WA) offers a new and important opportunity for embedding prevention as a function of both State and Local Government. It is vital that the State Government ensures workforces across both jurisdictions have the skills and capacity to take full advantage of this important innovation and to ensure robust implementation.<sup>8</sup>

#### Recommended policy actions:

- Continue outsourcing and funding support for effective campaigns and programs including *LiveLighter*, *Make Smoking History* and *Healthier Workplace WA*
- Establish sustainable financing for prevention in Western Australian Health through allocation of 5% of the health budget
- Strengthen and sustain the role of Healthway as an independent health promotion agency and as a source of independent, sustainable financing for health promotion programs and research
- Ensure and support robust implementation of the new Public Health Act including support for a skilled health promotion and public health workforce



## **2 Prevent** **Prioritise active transport (walking, cycling and public transport) and related healthy urban planning**

Physical inactivity is a key chronic disease risk factor and is responsible for 21% of the Australian burden of cardiovascular disease. The physical activity behaviours that West Australian adults and children are most likely to undertake are walking and cycling.<sup>9</sup>

To increase walking, cycling and use of public transport a collaborative approach is needed between Health, Planning and Transport Departments. This will facilitate delivery of a multitude of benefits including better health, cleaner air and reduction in traffic congestion. Recent evidence published in *The Lancet* reported on modelling that had been conducted of the impacts of changing the cities of Melbourne, Boston and London to match European cities that had prioritised walking, cycling, public transport and healthy urban design. In the case of Melbourne a striking finding was a reduction in the burden of heart disease by 19%.<sup>10</sup>

The Heart Foundation in Western Australia, in conjunction with academic, industry and State Government groups has developed online guidance on how to implement urban planning in ways that promote health. The award winning *Healthy Active by Design* guidelines provide the evidence as well as case studies, examples and tools to design healthier communities.<sup>11</sup>

The next Western Australian Government should prioritise active transport (walking, cycling and public transport) and related healthy urban planning across all relevant Government Departments.

### **Recommended policy actions:**

- **Incorporate health as an explicit requirement within urban planning codes and legislation**
- **Develop and fund a state-wide walking and cycling plan for implementation across planning, health and transport**
- **Support implementation of the Heart Foundation's award winning Healthy Active by Design urban planning guidelines**

# 3 Prevent

## Strengthen tobacco control

Smoking remains a leading contributor to the burden of disease in Australia, especially heart disease. Despite a recent decline in smoking prevalence, smoking rates remain unacceptably high, especially among disadvantaged and Aboriginal and Torres Strait Islander populations. In recent years new challenges have emerged, such as electronic cigarettes and persistent marketing to children through new media including social media.

To maintain the gains made in reducing the toll of tobacco on our community, robust measures, including reform of the Tobacco Products Control Act 2006 (WA) and sustained funding for hard hitting public education campaigns, are required.<sup>12</sup>



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### Recommended policy actions :

- Strengthen the Tobacco Control Act:
  - Strengthen and enforce point-of-sale legislation by removing price boards
  - Strong enforcement of legislation prohibiting sales to minors
  - Prohibit all remaining forms of tobacco advertising and promotion, including public relations, lobbying and political donations
  - Increase support to address smoking in disadvantaged communities and groups, including major new programs addressing Indigenous smoking
  - Sustain funding for Make Smoking History and its delivery of hard hitting public education with media weights with proven effectiveness (700 TARPs per month)







## **4 Prevent** **Mandate robust menu labelling in quick service restaurants**

With 41% of West Australian children eating junk food every week, and the vast majority of consumers grossly underestimating the kilojoules in junk food meals, there is a clear need for West Australians to be provided with simple and consistent guidance about what they are eating.

While kJ menu labelling is mandatory in nearly all other Australian jurisdictions, this is not the case in Western Australia.

Western Australia has a unique opportunity to take the lead by implementing a menu labelling scheme with both informative (kJ) and interpretive (Health Star Rating) elements, which will be more effective in enabling healthy choices and reducing the energy content of meals consumed. This approach also has potential to drive significant reformulation.

### **Recommended policy actions:**

- Introduce mandatory kJ menu labelling for all quick service food outlets
- Introduce additional measures to require menu labelling that features the interpretive Health Star Rating element
- Conduct a public education campaign to support the introduction of this legislation

# 5 Detect

## Detect and educate those at risk of heart disease

Prevent avoidable hospital admissions through early detection of those at risk of heart attack and other chronic diseases. While the prevalence of the key heart disease risk factors is high (blood cholesterol, blood pressure, obesity, physical inactivity and smoking) public awareness of the risks is low. Many West Australians with high blood pressure, high blood cholesterol and high absolute risk of heart disease are not aware that they are at risk.

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We propose a twin push-pull strategy that will:

- Increase uptake in primary care of integrated health checks (absolute cardiovascular risk assessment, diabetes check and kidney check)
- Increase patient awareness and motivation to go to their doctor for an adult health check through a patient education campaign.

### Recommended policy actions:

- Fund a public education campaign to encourage adults aged over 45 years to 'know your numbers' by visiting their doctor for an integrated health check
- Promote the delivery of integrated health checks in primary care





## **6 Treat** **Save lives by expanding access to tailored cardiac rehabilitation to all eligible patients**

The case for further investment in patient-centred approaches to cardiac rehabilitation is compelling. Cardiac rehabilitation can save lives and save the health system millions of dollars by preventing hospital re-admissions and the need for expensive medical interventions.

- Cardiac rehabilitation saves money. Lifesaving cardiac rehabilitation can be delivered at a cost of around \$850 per patient. This is in stark contrast to the average cost to the health system of around \$30,000 per heart attack.
- Cardiac rehabilitation saves lives. Patients who participate in an evidence-based cardiac rehabilitation program have a 40% reduced risk of hospitalisation and a 25% reduced risk of death.
- Despite these impressive figures only 30% of eligible heart patients currently attend cardiac rehabilitation, with rates as low as 10% among Aboriginal patients.

### **Recommended policy actions:**

- Fund the development and delivery of a state-wide cardiac rehabilitation services plan
- Develop a suite of complementary centre-based, online/IT and telephone based cardiac rehabilitation services and resources that meet the varying needs of older patients, those of working age, rural and remote patients and those from diverse cultural backgrounds

# 7 **Treat**

## **Expand Aboriginal Heart Health and Cardiac Rehabilitation programs based on the award winning and evidence based Derbarl Yerrigan Heart Health Program to three rural locations across 2017-2021**

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The Heart Foundation has worked closely with the Derbarl Yerrigan Perth Aboriginal Health Service (DYHS) to develop an award winning Heart Health Program which is among the best in Australia and has been recognised as a case study in the National Aboriginal Health Policy 2013-2020. Each Thursday around 35-45 participants attend the program and receive heart health education, health checks and referrals to relevant care providers.

The Heart Health Program was developed through collaboration and consultation among the DYHS, the Heart Foundation and program participants to ensure it meets the needs of clients. The DYHS Heart Health Program has been fully embraced by the agency's board and is sustained by the DYHS.

All Aboriginal heart patients and those at high risk of heart problems are able to access the program. We propose development (initially) of three programs in rural Western Australia, subject to expressions of interest from Aboriginal Community Controlled Health Organisations.

### **Recommended policy action**

- Fund development and delivery of three rural and remote Heart Health programs for an initial period of three years
- Develop complementary Aboriginal-tailored and locally-tailored heart health resources in conjunction with the community





## 8 Research

### Increase State Government funding and support for heart research

Heart disease is the second largest contributor to the Australian burden of disease and contributes the most to the cost of the Australian health system. The Heart Foundation seeks to build capacity among emerging cardiovascular researchers and to retain their talents in the state, as well as to build upon Western Australian success in securing grants in the competitive national research funding environment.



#### Recommended policy action

- Fund five 'NHMRC near-miss' scholarships per annum, to the value of \$100,000 per scholarship, over three years for WA's brightest post-graduate cardiovascular researchers

## Investment

- 1. Strengthen sustainable financing and systems to support health promotion and prevention**  
5% of the health budget
- 2. Prioritise active transport (walking, cycling and public transport) and related healthy urban planning**  
Reorient transport funding to prioritise walking, cycling and public transport  
  
Commit an additional \$30m p.a. to walking and cycling infrastructure and programs to 2021
- 3. Strengthen tobacco control**  
Sustain funding for Make Smoking History and its delivery of hard hitting public education at a level of 700 TARPs per month
- 4. Mandate robust menu labelling in quick service restaurants**  
Public education campaign \$1 million per annum for three years
- 5. Detect and educate those at risk of heart disease**  
Public education campaign 'know your numbers'  
  
\$1 million p.a. for three years to promote patient attendance for integrated health checks in primary care including Aboriginal Community Controlled Health Services
- 6. Save lives by expanding access to tailored cardiac rehabilitation to all eligible patients**  
Fund extension of existing services to eliminate service gaps. \$1,200,000 p.a. for three years  
  
Extend the reach of cardiac rehabilitation through development and delivery of a suite of complementary tailored after hours, online/IT and telephone based cardiac rehabilitation services and resources. \$350,000 p.a. for three years
- 7. Expand Aboriginal heart health and cardiac rehabilitation programs to three rural locations across 2017-2021**  
Develop and deliver three rural and remote Aboriginal Heart Health programs for an initial period of three years. \$300,000 per annum per service = \$900,000 p.a. for three years  
  
Develop complementary local and Aboriginal tailored heart health educational resources in conjunction with the community. \$180,000
- 8. Increase State Government funding and support for heart research**  
Fund five 'NHMRC near-miss' scholarships per annum, to the value of \$100,000 per scholarship, over three years for WA's brightest post-graduate cardiovascular researchers

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- <sup>1</sup> Australian Institute of Health and Welfare 2014 Australia's Health 2014. Australia's health series no. 14. Cat. no. AUS 178. Canberra: AIHW.
- <sup>2</sup> ABC News, 'Lifestyle illnesses' costing governments hundreds of millions of dollars annually: study, <http://www.abc.net.au/news/2016-09-06/financial-burden-of-lifestyle-illnesses/7818572>
- <sup>3</sup> ABS, Causes of Death 2015, <http://www.abs.gov.au/ausstats/abs@.nsf/0/47E19CA15036B04BCA2577570014668B?Opendocument>
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- <sup>5</sup> National Heart Foundation (WA Division), a., Prevention First. Perth, 2016
- <sup>6</sup> Public Health Association of Australia. 6 September 2016. Media release. New poll shows 76% Australians want increased funding for preventive health. <http://www.phaa.net.au/documents/item/1610> (accessed 10 October 2016), Canberra, 2016.
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- <sup>8</sup> Western Australian Government. Public Health Act, 2016. Perth, 2016.
- <sup>9</sup> Australian Institute of Health and Welfare. Australian Burden of Disease Study: impact and causes of illness and death in Australia 2011. AIHW, Canberra, 2016.
- <sup>10</sup> Stevenson et al., The Lancet, 2016.
- <sup>11</sup> National Heart Foundation (WA Division), b., Healthy Active by Design. [www.healthyactivebydesign.com.au](http://www.healthyactivebydesign.com.au) (accessed, 10 October, 2016), Perth, 2016
- <sup>12</sup> Western Australian Government Tobacco Products Control Act 2006 (WA), Perth. 2006.



Heart  
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