Invest more to prevent heart disease - our single biggest killer
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Invest more to prevent heart disease and save lives

Now more than ever we need our State Government to invest in preventing heart disease. We are living longer, but heart disease remains our single biggest killer. It is also our most expensive disease. Heart disease costs Australia $8.8bn each year in direct healthcare expenses and accounts for 11% of total spending on hospital admissions¹.

In recent years, we have welcomed successive governments taking important action to reduce the burden of heart disease in Queensland, but there remain areas where more must be done to prevent heart disease.

The Heart Foundation’s budget submission is putting forward two low cost, but high value proposals for Queensland’s State Budget 2020-2021:

- Roll out defibrillators in priority public places, especially regional Queensland
- Boost mass media campaigns to reduce smoking in vulnerable populations with higher rates of smoking

Investment in heart health is an investment in longer, happier and more productive lives. Together we can improve the heart health and wellbeing of all Queenslanders.

Stephen Vines
Chief Executive Officer, Queensland
National Heart Foundation of Australia
THE FACTS ABOUT HEART DISEASE IN QUEENSLAND

HEART DISEASE accounted for nearly 1 in 5 deaths (17.7%) in 2018

15 people died of heart disease EVERY DAY in 2018

246 PEOPLE were admitted to hospital for heart disease every day in 2017-2018
Roll out defibrillators in priority public places, especially in regional Queensland

**COST** - $4M over three years to roll out 1000 registered Automated External Defibrillators (AEDs) in priority locations supported by community education.

**WHY?**

A cardiac arrest is when the heart stops. The person in cardiac arrest will suddenly lose consciousness and stop breathing or stop breathing normally. Immediate action is critical to saving a life. In fact, for every minute a person waits for life saving intervention, the chance of survival from a cardiac arrest decreases by 10%.

Every minute counts in saving a life, so it is vital that bystanders take action. When a bystander performs Cardiopulmonary Resuscitation (CPR) a person is twice as likely to survive. When a bystander uses an Automated External Defibrillator (AED) this survival rate dramatically increases.

Thousands of Queenslanders suffer a sudden cardiac arrest each year. Tragically, too many are dying. Queensland Ambulance Service (QAS) reported attending more than 5000 out of hospital cardiac arrests in 2016 and their data indicates that the incidence is rising every year.

Regional Queensland needs to be prioritised as rates of cardiac arrest are higher. Overall the metropolitan rate is 104 per 100,000 compared to the regional rate of 141 per 100,000. There was a 29% increase in out of hospital cardiac arrests in Queensland between 2000 and 2016, with a total of 69,338 cases. The burden of this increase has been disproportionately felt in regional areas. For example, in the Central West there was a 303% increase and a 107% increase in Wide Bay over the same period.

“...more widespread use of AEDs will undoubtedly improve out of hospital cardiac arrest outcomes.”
HOW?
Roll out defibrillators in priority public places, especially in regional Queensland

Cardiac arrests can happen anywhere, at any time. Communities need ready access to Automated External Defibrillators (AEDs) so they can be quickly deployed in those critical early minutes to save a person’s life. The QAS reports that there is an opportunity for improvement in the survival of patients with the provision of community AEDs and public education.

We are asking the State Government to roll out 1000 registered AEDs throughout Queensland to increase survival rates from cardiac arrest. At approximately $3000 per defibrillator, this is a great investment to save lives from sudden cardiac arrest and make our communities more ‘heart safe’. Investing in community education at the same time is important to improve the public’s confidence in knowing where the nearest AED is and how to use it.

Evidence indicates that AEDs should be provided in high exposure locations with a high volume of people, for example public buildings, public transport hubs, community centres, sporting clubs and facilities.

These are locations worthy of consideration for an extensive roll out of AEDs across Queensland to save lives. Regional Queensland should be given particular consideration for life saving AEDs because proximity and access to health and emergency services can be difficult, potentially causing life threatening delays.

We encourage the Queensland Government to determine priority areas and deliver 1000 AEDs to priority public places and high exposure locations to provide greater coverage for the community and greater access to people who may have a cardiac arrest.

Such a program must also include the delivery of basic training to local recipients and the registration of all newly delivered devices on a public register of AEDs in collaboration with ambulance services and local councils. This should incorporate existing registers and also the use of digital technology (apps) that exist to help people locate their nearest AED using their mobile telephone.
Boost mass media campaigns to reduce smoking rates

COST – $2M extra funding to implement evidence-based tobacco control mass media campaigns.

Potential target groups
- $1M for vulnerable populations with higher rates of smoking
- $1M to target heart attack survivors

WHY?
Smoking is a major risk factor for developing heart disease and this fact is often not understood. People are aware of the risk of cancer, but not of heart attack. Smokers are four times more likely to die of heart disease (heart attack and stroke) than non-smokers.

Government spending on tobacco control mass media campaigns has not been adequate for many years. We are calling on the Queensland Government to increase its contribution to these campaigns to support vulnerable populations to quit smoking.

Queensland has achieved notable reductions in smoking rates – down from 24% in 2001 to 11% in 2018, as a result of multi-faceted tobacco control initiatives. However, success has led to complacency and we are now slipping behind other states in delivering campaigns at the minimum intensity we know can impact smoking behaviours and increase quit attempts.

While overall smoking rates have reduced, rates remain high in some vulnerable population groups.

Average population-weighted state-sponsored anti-smoking Target Audience Rating Points (TARPs)
- Australian states 2014 to 2016

HOW?

Develop mass media campaigns targeting vulnerable populations with higher rates of smoking

Public education campaigns have been used since the 1970s and are now viewed within comprehensive tobacco-control programs as essential for discouraging uptake as well as motivating and encouraging smokers to quit. These campaigns also increase community understanding and recognition of the harms associated with tobacco smoking and facilitate policy initiatives to reduce this harm.

We are calling on the Queensland Government to target those populations most at risk, including people living in socio-economic disadvantage, Indigenous Queenslanders and people who have survived a heart attack.

“Tobacco smoking is a major contributor to health inequalities and a leading cause of preventable death and illness in Queensland. It will have ongoing impact on the health of those populations most affected—the socioeconomically disadvantaged and Indigenous Queenslanders. Not only is the smoking rate substantially higher in these populations, but gains are smaller which suggests disparity is increasing.”

Smoking contributes to poorer health outcomes and financial stress. It is a significant contributor to the 10-year health gap between Indigenous and non-Indigenous Queenslanders.

Another vulnerable target group is people who have survived a heart attack. They are at risk of having another one, especially if they don’t quit smoking.

In 2017-18, 77,400 people, or 1.6 percent of Queenslanders reported having experienced a heart attack.

Quitting smoking is one of the most effective ways of reducing repeat heart attacks and improving quality of life after a heart attack.

Unfortunately many heart attack survivors find they are unable to quit smoking. We know that more than half of smokers continued to smoke after their heart attack, with one in six not even attempting to quit. These people would benefit from a targeted mass media campaign to support their quit smoking attempts.

Effective mass media campaigns need adequate funding to make an impact. Campaigns delivered at appropriate intensity have been shown to be especially effective in stimulating quit attempts in lower socio-economic groups. Evidence also tells us that commercial television remains an important component of these campaigns because it provides differentially more effective reach to older and more disadvantaged Australians, including smokers.

The consensus of expert evaluators of anti-smoking media campaigns is that a dose 800-1000 target audience ratings points per quarter is necessary... to sustain high levels of quit attempts.
REFERENCES


6 Australian Bureau of Statistics 2019, National Health Survey: First results, 2017-18, Australia, ABS cat. no. 4364.0.55.001, March

7 Heart Foundation Heart Attack Survivors Survey 2018

