The Heart Foundation
South Australia
2017-2018 pre-budget submission
Better heart health for South Australians
### Summary of recommendations

<table>
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<th>Priority Recommendations</th>
<th>SA Government Investment</th>
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<td><strong>1</strong> Regional Prevention Program – <em>Jump Rope for Heart Outreach</em></td>
<td>$200,000 over 2 years</td>
<td>$60,000 in kind</td>
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<td><strong>2</strong> Regional Prevention Program - <em>Heart Foundation Walking</em></td>
<td>$200,000 over 2 years</td>
<td>$60,000 in kind</td>
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<td><strong>3</strong> Boost uptake – develop a metro cardiac rehabilitation phone service</td>
<td>$90,000 one off</td>
<td>$50,000 In kind</td>
<td>With SA Health and iCCnet</td>
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<td><strong>4</strong> Support Aboriginal and Torres Strait Islander people in hospital</td>
<td>$320,000 per year</td>
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<td><strong>5</strong> Strengthen Heart Foundation SA Heart Maps data</td>
<td>$60,000 one off</td>
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Front cover infographic sources:
4. Physical Activity: State, Metropolitan, Country and Local Health Networks, Children aged 5 to 17 years January 2015 to December 2015 (SAMSS).
Message from the Chief Executive

 Whilst there has been significant progress over the past five decades, with heart disease deaths falling by 16% since 2006, it remains the biggest killer of South Australians\(^1\).

 In Australia, cardiovascular disease is still the most costly disease group at $7.7bn a year, or 10.4% of direct healthcare expenditure, including $4.5bn in hospital admissions and $1.65bn in pharmaceuticals\(^2\).

 We know that too many South Australians live with the risk of having a heart attack because they smoke, are physically inactive, have high blood pressure or cholesterol, have high body mass index and poor diets low in vegetables and fruit.\(^3\) We know that people living in rural areas, and Aboriginal people are more at risk.

 A boost in preventive action is needed.

 The Heart Foundation continues to have strong partnerships with the South Australian Government to improve the heart health of South Australians.

 We urge the South Australian Government to consider the following five priority projects and prevent South Australians from the increasing burden of cardiovascular disease and associated risk factors.

 Here’s to good health.

 imelda lynch, ceo heart foundation sa

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1. ABS Causes of Death 2015 (3303.0), September 2016.
3. AIHW, Australian Burden of Disease Study, 2016

Source: Research Australia Opinion Polling 2018 Report “Australia Speaks”

76% of Australians believe the Government should increase funding and programs for preventive health
Why action is needed

In South Australia, around 17% of children are overweight and 6% are obese. Only 34% of children living in metropolitan areas meet the National Physical Activity Guidelines for 60 minutes of exercise every day, and only 35% in Country SA. Children living in low socioeconomic areas are less likely to meet the Guidelines compared to children living in the highest socioeconomic areas.

The Heart Foundation suggests that one solution to increasing children’s physical activity each day, is to introduce a fun, active sports program into their primary schools.

The Jump Rope For Heart Outreach program (JRFHO) is a school-based physical activity and heart-health program focusing on disadvantaged, regional schools. It is a fun, inclusive, and non-competitive program based around skipping, without any fundraising components. The program would be beneficial for schools with limited resources. A focus would be on Aboriginal and Torres Strait Islander children participation. The aim of this program is to increase children’s participation in physical activity via regular skipping, increase children’s knowledge and understanding about the importance of regular physical activity and healthy eating, and to develop movement skills through increased skipping proficiency.

The Heart Foundation’s JRFHO program coordinator would provide schools with a resource kit, a workshop, telephone and email support, regular communication and support, a curriculum-based teacher’s manual, and similar educational activities and skipping sessions to that in the existing and highly popular Jump Rope For Heart Program.

This program is not currently running in South Australia, but many of the resources and the model of delivery have already been tested by the Heart Foundation NSW with enormous success.

Commitment

SA Health Investment: $100,000 per year over 2 years to cover: staff, travelling costs, operational costs and evaluation.

Heart Foundation: staff, transport costs, resources management costs, IP.
Why action is needed

At least 60% of Australian adults do less than 30 minutes of physical activity per day and only one in ten adults report completing the recommended 10,000 steps per day¹.

Physical inactivity is the third largest contributor to the burden of cardiovascular disease and fourth largest (5%) to the burden of disease from all causes².

The South Australian Government can help the Heart Foundation change this by funding the growth of Heart Foundation Walking (HFW), Australia’s largest free walking network. It includes community-based walking groups as well as a community of virtual walkers who track walking activity online. It was established in South Australia in 2004 and is funded by the Heart Foundation through the support of our donors.

HFW has expanded rapidly since its inception. There are currently 187 groups and almost 3,000 regular walkers throughout South Australia. The program is administered centrally through a National team and currently there is no dedicated project officer for HFW in SA, and therefore little capacity for expansion into the regional areas of SA.

Currently in SA we have six regional Host Organisations in the following areas: Yankalilla, Adelaide Hills, Elliston, Northern Areas, Alexandrina and Whyalla. More can be done, and we aim to expand the Host Organisation in regional areas. If the Government wants to start to tackle the emerging health risks in regional areas then dedicated resources are needed, and expertise given to these areas.

One of the major benefits of the Heart Foundation Walking program is the remarkable retention rates of participants. We know that once people join – they stay. Walkers who join the program come from a variety of socioeconomic, geographic, demographic and cultural backgrounds.

Walking groups are led by volunteer Walk Organisers who are supported by Local Coordinators. Local Coordinators have a range of professional backgrounds including health promotion, community health and recreation. They provide support to walking groups in their local area, improving the capacity of the program to achieve long-term sustainability.

Government should:
Fund a part-time Heart Foundation Walking regional manager to boost participation for 2 years.

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Commitment

Heart Foundation Walking represents extremely good value for money. It requires a small investment for a large return, which in this case is an annual investment of $100,000 each year.

Funds from the SA Government will ensure the Heart Foundation SA can host a part-time State Manager for the program.

In addition, it will assist the Heart Foundation to recruit regional Host Organisations, community volunteer Walk Organisers and walkers in the HFW program and maintain the HFW program’s high retention rates. The focus of the funding will be to:

- support the recruitment of new walkers, and grow the program by 50% through increased marketing and communications
- produce welcome packs for new volunteer Walk Organisers (training, insurance, t-shirt and water bottle)
- focus on regional workshops promoting the program and upskilling existing volunteers
- link in with other state walking programs and walking advocates to boost walking for transport as well as recreation
- promoting walking to communities through a major annual event, and regional events.

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Why action is needed

People who have had a heart attack or who have heart failure should be referred to evidence-based cardiac rehabilitation programs to help them return to their quality of life after discharge from hospital.

These life-saving programs work with as much as a 26% reduction in mortality. However, many eligible patients do not take part. This leads to poorer health and recovery after a cardiac event raising the risk of readmission to hospital and increased costs for government.

In South Australia, each year, at least 39,000 patients are admitted to hospital due to cardiovascular disease, more than 10,000 of these following a heart attack or other cardiac event, such as unstable angina. People who have such an event are at high risk of further repeat heart attack. Research shows with effective cardiac rehabilitation (CR) and secondary prevention programs, there is as much as a 18% reduction in readmissions.

Heart Foundation research published in ‘Heart, Lung and Circulation’, looks at the cost-benefit and social benefit of increasing uptake of cardiac rehab in Australia. The results show a reduction in DALY’s (‘healthy’ life lost) by 157,530 years over a 10-year period and for South Australia a reduction in DALYs by 11,031 years over 10-years and financial savings of $25 million.

In 2013, the SA Cardiology Clinical Network minimum data set found that for over 5,000 referrals to cardiac rehabilitation programs, only 19% of those people completed the program (14% in metro areas), with others dropping out due to lack of interest, return to work or being unwell. Referred patients were waiting between 21 days and 2 months from discharge to the start of the program.

The Heart Foundation’s ‘Improving the delivery of cardiac rehabilitation in Australia’ states the key areas are:

1. Support efforts to integrate referral to cardiac rehab services as a standard component of cardiac care
2. Establish uniform quality performance measures, data collection and routine reporting
3. Increase public awareness of cardiac rehab and its benefits
4. Enhance health professional engagement and education on the importance of cardiac rehab
5. Identify funding reform to drive service reform
6. Document key principles and examples of good practice.

The Heart Foundation commends the work that has been implemented by SA Health and the previous State-wide Cardiac Clinical Network since the 2011 Cardiac Rehabilitation Model of Care was endorsed. The establishment of iCCnet phone cardiac rehab for country patients has been a success, and our collective service-provider input to the CATCH database has provided valuable learnings from the annual audit program that this enables.
However, there are still gaps and more work needs to be done to offer alternative models of care for metropolitan patients in order to increase referrals and completion, and to reduce waiting times. Specifically, there are four areas of service delivery which could be developed:

1. Automated, opt-out referral to cardiac rehabilitation
2. Flexible options for patients to access online and phone services
3. Face-to-face services
4. Support for the cardiac rehab CATCH database and audit program

What needs to be done?

The Heart Foundation requests funding to work in partnership with SA Health and iCCnet to support metropolitan patients with their ongoing heart health recovery once they have completed a cardiac rehab program by providing phone health information services and resources.

Commitment

SA Health Investment: $90,000 to fund a project manager to pilot test a cardiac rehabilitation phone service for metropolitan patients using the Heart Foundation call centre facilities, and integrating into existing cardiac referral systems.

Heart Foundation investment: Staff, office, resources management costs, IP.

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3 AIHW, Australian Hospital Statistics, 2009/10
5 The disability-adjusted life year (DALY) is a measure of overall disease burden, expressed as the number of years lost due to ill-health, disability or early death.
6 Includes CR program costs, direct inpatient costs and other health care costs

In South Australia each year at least 39,000 patients are admitted to hospital due to cardiovascular disease.
Why action is needed

The Heart Foundation strongly supports the funding for:

1. Aboriginal Clinical Liaison Nurses for Cardiac Procedures
2. Cultural competency training.

The gap in life expectancy between Aboriginal and Torres Strait Islander people and other Australians is around 11.5 years for males and 9.7 years for females\(^8\) with much of this attributable to their poor cardiovascular health. Indigenous Australians develop cardiovascular disease (CVD), and die from it, at much higher rates than other Australians, and are three times as likely to suffer from a coronary event such as heart attack. It is estimated that the life expectancy of Indigenous Australians would increase by up to six years if they experienced the same level of cardiovascular health as other Australians.\(^9\)

Failure to substantially reduce CVD among Indigenous Australians reflects a lack of substantive change in risk factor prevalence as well as access to treatment and rehabilitation services. Persisting social, economic and environmental circumstances; and slow implementation of strategies to reduce CVD further exacerbate these disparities.

Many Indigenous people in rural and remote areas need to travel vast distances to hospitals for surgery, often with life-threatening conditions. Language issues, poor inter-agency coordination, cultural misunderstandings, emotional and physical stress, travel and financial problems can all make this a difficult, dangerous and inefficient process for the patient and the health system.

Recent Heart Foundation research looking at acute in-hospital cardiovascular care for Aboriginal and non-Aboriginal South Australians found disparities in care. Aboriginal people had lower coronary angiography rates, but if a family member or Aboriginal liaison officer were present, then angiography was more likely.\(^10\) This raises concern about barriers to quality care for Aboriginal people.

The Model of Care for Aboriginal people accessing acute services through SA Health begins with the premise of making hospitals and health care facilities as culturally responsive and appropriate as possible. This includes making the physical and clinical environment culturally welcoming and, where possible, employing Aboriginal people in liaison, support and service delivery roles.

The South Australian Aboriginal Heart and Stroke Plan 2017-2021\(^11\) identifies the need for adequate resourcing of Aboriginal Liaison Units, as well as all cardiovascular clinical staff achieving cultural competence including ED, cardiac and outpatient services.

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\(^8\) Australian Bureau of Statistics. 4704.0 - The health and welfare of Australia’s Aboriginal and Torres Strait Islander peoples. Canberra: ABS, 2010


\(^11\) [www.sahmriresearch.org/user_assets/9221c9e55ba1c8c30f28a177724258a4a3780a9f85b2017-2021_exec_summary.pdf](http://www.sahmriresearch.org/user_assets/9221c9e55ba1c8c30f28a177724258a4a3780a9f85b2017-2021_exec_summary.pdf)
Commitment

We ask for a commitment to address disparities in self-discharge rates and to reduce avoidable hospital re-admissions, and length of stay:

1. Fund a position of Aboriginal Clinical Liaison Nurse for Cardiac Procedures in each of the major hospitals with coronary catheter laboratory and/or cardiac surgery facilities. This position will give opportunity to provide quality health care, advice and emotional support to Aboriginal patients during their Cardiac Procedure patient journey.

Must be in: Flinders Medical Centre, Lyell McEwin Hospital, Royal Adelaide Hospital, Women’s and Children’s Hospital, Port Augusta Hospital

Costs: Registered Nurse Level 2, Full time x 5 = $320,000

2. Set and measure performance targets to reduce disparities over time

3. Create culturally safe environments for Aboriginal and Torres Strait Islander patients through mandatory Cultural Competence training for all cardiovascular health care providers.

Benefits to Government

Meets the:
- South Australian Aboriginal Heart and Stroke Plan
- Lighthouse Project Phase 2 recommendations
- State-wide Rehabilitation Service Plan
- Closing the Gap in Indigenous Health Outcomes.
Why action is needed

The Heart Foundation South Australian Heart Maps are the first of their kind specific to heart disease in South Australia. The online, open access and interactive maps show rates of heart attack and other heart conditions plus risk and social factors, by where people live and identify areas of inequity in terms the cardiovascular health of our population. The maps show hospital admissions for heart attack, chest pain and heart failure in South Australia. The Minister for Health, the Honorable Jack Snelling launched the inaugural maps in December 2015.

SA Heart Maps currently give us data from 2008-2014. In July 2017, SA Health, will have data available to update the existing maps. Further, Heart Foundation SA is now planning phase II to further expand the information that Heart Maps can offer our users by mapping medications prescribed to patients after discharge from hospital, ambulance out of hospital cardiac arrest and the location of cardiac rehabilitation services in local government areas. We also plan to improve the platform on which it is built by migrating the system to the Tableau Reader platform.

Further, the Heart Foundation seeks funding to perform an analysis of the maps by Local Government Area and create a series of fact sheets to support the regional public health plans.

We know that the State Government is committed to providing better health services close to where people live. The Heart Maps show where the greatest needs are in terms of health services and prevention programs for heart disease, and the introduction of fact sheets would be a great tool for understanding where we might best direct resources.

Commitment

SA Health: $60,000 one off, to employ project officer to implement the project, develop the fact sheets, and assist Government and Local Government to use them.

Heart Foundation: Staff, transport costs, resource management costs.
About the Heart Foundation

Our mission is to prevent premature death and suffering from heart, stroke and blood vessel disease.

We fund life-saving heart research, and work to improve heart disease prevention and care for all Australians. Heart disease affects 1.2 million Australians and each year more than 55,000 Australians suffer a heart attack. We’re out to change that. The Heart Foundation is dedicated to making a real difference to the heart health of Australians.

For further information contact:

Ms Tuesday Udell
Senior Policy Advisor
Heart Foundation
155 Hutt Street
Adelaide SA 5000
08 8224 2863
tuesday.udell@heartfoundation.org.au