The Heart Foundation is calling for the Queensland Government to take five actions to beat heart disease in the next state budget. These five actions will save lives, reduce hospital admissions and create healthcare savings for Queensland. These actions align with Queensland Government priorities to increase equity, create age-friendly communities, increase research capacity and make Queenslanders among the healthiest people in the world.

**Queensland Heart Facts**

- Cardiovascular disease costs 11% of hospital spending in Queensland and causes nearly 30% of deaths.
- Queensland has higher death rates for heart attack and stroke than the rest of Australia.
- Twelve of the top twenty hotspots for heart related hospital admissions are in Queensland.
- It strikes our most vulnerable with Indigenous peoples being two to three times more likely to be hospitalised for heart conditions.
- It is hurting our regions, with higher rates of cardiovascular disease in rural, remote and socio-economically disadvantaged areas.
Five budget actions to beat heart disease

1. **Increase cardiovascular research in Queensland**
   - Co-invest in the Queensland Cardiovascular Research Network to attract medical research to Queensland and encourage collaboration.
   - Invest in a Translational Cardiovascular Research Program in Queensland.

   **Investment**
   - $300,000 over 3 years
   - $25m over 5 years

2. **Eliminate rheumatic heart disease**
   - Fund and implement a strategy to eliminate acute rheumatic fever and rheumatic heart disease in Queensland, mostly seen in Aboriginal and Torres Strait Islander peoples and some refugee populations.
   - Secure and increase funds for the Rheumatic Heart Disease Registry and Control Program in Queensland.
   - Regulate to mandate rheumatic heart disease as a notifiable condition.

   **Investment**
   - $10m
   - $600,000 annually
   - Low cost option

3. **Improve cardiac rehabilitation services**
   - Permanently fund the State-wide Cardiac Rehabilitation Project Manager.
   - Extend the Cardiac Rehabilitation Quality Improvement Payment from July 2017 to June 2018 to increase referral and participation.

   **Investment**
   - $250,000 annually
   - $5m annually

4. **Increase investment in preventive health**
   - Establish and further resource the Queensland Health Promotion Commission to implement priority actions.
   - Re-build the preventive health workforce, re-align clinical roles to embed prevention in everyday practice and upskill workforce across government.
   - Legislate and make policy reforms to smoking, food supply, planning and transport to support healthy and active lifestyles.

   **Investment**
   - $24m over 4 years
   - Up to 5% of health workforce
   - Low cost legislation

5. **Increase physical activity through active travel**
   - Double investment in the Cycle Network Local Government Grants Program for safe cycling infrastructure and facilities.
   - Invest additional $10m in the Transport Infrastructure Development Scheme to prioritise active transport to improve connectivity.
   - Fund and implement a Travel Behaviour Change campaign and program.
   - Connect safe bikeways through the Brisbane CBD.
   - Fund and implement a Queensland Walking Strategy.
   - Improve use of end-of-trip facilities.

   **Investment**
   - $324m over 4 years
   - $10m annually
   - $3m over 3 years
   - $10m one-off
   - $12m over 4 years
   - Low cost option
Problem

Investment in cardiovascular research provides greater returns than any other major disease research but consistently receives less funding from philanthropic and government sectors. This is despite cardiovascular disease being the second largest cause of disease burden. Only 11% of all National Health and Medical Research Council funding is for cardiovascular disease. Currently only 5% of Heart Foundation research funding is awarded to Queensland researchers.

Research is critical for better prevention, diagnosis and treatment of cardiovascular disease. Nearly 80% of Australians support more funding for health and medical research.

Solution

The Heart Foundation has two proposals to retain the best and brightest cardiovascular researchers in Queensland:

1. Co-invest in the Queensland Cardiovascular Research Network (QCVRN);
2. Invest in a Translational Cardiovascular Research Program.

These proposals align closely with Queensland Government goals:

- Achieve 20% of NHMRC grants awarded to Queensland researchers and have NHMRC Advanced Health Research and Translation Centres in Queensland.
- Advance Queensland policy to create well-paid knowledge-based jobs of the future and to improve collaboration between researchers and industries.
- Queensland’s Health Innovation, Investment and Research Office (HIIRO) aim to improve the health and wellbeing of Queenslanders through a collaborative approach.

Queensland Cardiovascular Research Network

A co-investment by the Queensland Government in the successful QCVRN, independently auspiced by the Heart Foundation in 2015, will drive more research collaboration on some of the biggest issues for cardiovascular health. It will also support innovative partnerships with industry, government, health providers and the community.

The QCVRN has received strong support from cardiovascular researchers with leading universities, institutes and Hospital and Health Services as founding members.

Achievements of the QCVRN include hosting the first ever state-wide Cardiovascular Research Showcase event, mapping cardiovascular research activity across Queensland and advocating for greater investment in cardiovascular research. The QCVRN needs long-term funding to maximise gains.

Translational Cardiovascular Research Program

Co-invest in a Translational Cardiovascular Research Program to boost the five areas of strength in cardiovascular research in Queensland: prevention/lifestyle risk factors; cardio-metabolic disorders; regenerative medicine; peripheral arterial disease and rheumatic heart disease.

With $5m annually ($1m to each of the five areas), a Translational Cardiovascular Research Program would provide grants to fund major programs of translational research to bring knowledge into practice.

With this funding investment the program could develop and facilitate state-wide partnerships and collaborations across research, health, industry, government and the community.

Every dollar spent on cardiovascular research achieves an $8 return, the highest of all medical research.
**Problem**

Rheumatic heart disease (RHD) is a disease of poverty. The majority of the burden is carried by Aboriginal and Torres Strait Islander peoples and some refugee populations, and is rare in the non-Indigenous population.

RHD is chronic damage to the valves in the heart caused by repeated cases of acute rheumatic fever (ARF) brought about by the Group A streptococcal bacteria. It is largely driven by poverty and overcrowded housing conditions.

It is a disease that carries a lifelong burden for people, who usually contract it during childhood. It contributes significantly to the gap in life expectancy between Indigenous and non-Indigenous peoples.

**Solution**

Rheumatic heart disease is preventable. The Heart Foundation believes we can eliminate RHD so all Queensland children have equal opportunity to live happy, healthy lives, free from diseases of disadvantage. It is one of the five priority action areas of the Australian Health Ministers’ Advisory Council in the Better Cardiac Care for Aboriginal and Torres Strait Islander People Strategy.

**Queensland strategy to eliminate RHD**

The Heart Foundation strongly supports Queensland Health’s work to develop a strategy to eliminate RHD. It needs resourcing to enable effective implementation.

We also need a whole of government approach to preventing the underlying causes of ARF and RHD which increase the risk of infections. These include improving housing, reducing overcrowding, increasing access to employment, education and culturally appropriate health care services.

**RHD Registry and Control Program**

The Queensland Government can boost its own annual funding to $600,000 and advocate to secure renewed federal funding beyond June 2017 under the National Partnership Agreement for the ARF strategy and RHD Australia. The work of the Queensland RHD Registry and Control Program needs to continue to better manage RHD and provide access to knowledge and data.

**Regulate RHD as notifiable**

We recommend the Queensland Government develops a regulation to make RHD a notifiable condition. Because it's not notifiable, there is a gap in detecting and treating RHD. ARF is a notifiable condition, but people with RHD are slipping through the net, left untreated and unwell.
Problem

More than half of Queensland patients are leaving hospital without a referral to cardiac rehabilitation, leaving them at risk of another heart attack. This not only affects their quality of life, but also the budget. The total economic cost of just one heart attack is $281,000.

1 in 2 people don’t return back to their normal work capacity after a heart attack.

1 in 4 people don’t return to work at all.

Over 30% of heart attacks are repeat events costing Queensland $1.6 billion every year.

Repeat heart attacks are projected to increase by over 40% by 2020, requiring an extra 4,000 hospital beds and costing an extra 1,400 lives each year.

Solution

Increasing participation in cardiac rehabilitation is a great investment. Cardiac rehabilitation reduces repeat heart attacks and unnecessary hospital admissions, boosts recovery and productivity, saves lives and lowers health costs. It can reduce the risk of cardiac readmission within one year of a heart attack by up to 45% and increase long term survival rates.

- Hospitalisation and treatment of a heart attack costs $30,000.
- Attending a cardiac rehabilitation program only costs $885.

The Heart Foundation recommends two strategies to increase referrals and completion of cardiac rehabilitation programs.

1. Permanently fund a State-wide Cardiac Rehabilitation Program Manager

The current short-term Project Manager role needs continuity to complete the transition to the new state-wide electronic data system for cardiac rehabilitation under the Queensland Cardiac Outcomes Registry (QCOR), auspiced by the State-wide Cardiac Clinical Network.

The Program Manager will support clinicians with change management, data collection and reporting to ensure accurate, quality data are collected to meet the National Clinical Care Standards for Acute Coronary Syndrome.

2. Extend Cardiac Rehabilitation Quality Improvement Payment (CR QIP)

The extension of the CR QIP for a further twelve months will continue to incentivise Hospital and Health Services to increase referrals to cardiac rehabilitation. Both the stroke care and the smoking cessation QIPs were extended due to their success.

These proposals will safeguard cardiac rehabilitation services by embedding referral and completion into the health system.

An increase from the current cardiac rehabilitation referral rates of 30% to 50% in Queensland, would see $47m in health care savings over 10 years. If increased to 65%, savings would be $87m.
Problem

Many Queenslanders are engaging in unhealthy behaviours.

Solution

Prevention needs to be a priority, with 5% of the Queensland Health budget to be re-allocated to prevention activities. More than 75% of Australians want their governments to spend more on health prevention.

Government investment for prevention in Queensland falls well short of best practice at less than 2%. New Zealand invests 7%, Canada 6.5% and Slovakia 5%.

Queensland Health Promotion Commission (QHPC)

The QHPC needs to be expedited and given increased funding to make it a viable force in health prevention in our State. The current allocation of $7.5m over 4 years is inadequate.

QHPC funding must be additional to current spending on the Queensland Preventive Health Branch. The QHPC needs a similar investment to the $6 million annually for the Queensland Mental Health Commission.

Re-build workforce capacity for prevention

The State Government workforce needs capacity building in health prevention, including prevention specialists state-wide, developing skills within the clinical health workforce and in other government departments such as education, housing, transport, sport and recreation, local government and planning. This will assist them to play a vital role in addressing the social determinants that affect health outcomes.
Legislative and policy reforms
The Heart Foundation recommends further law and policy reforms to support healthy lifestyles to build on the successes of recent smoke-free laws, e-cigarette regulation, kilojoule menu labelling laws and the minimum distance passing rule for cyclists.

Tobacco law and policy reforms
• Legislate for smoke-free tertiary education facilities and ban smoking in residential multi-unit housing.
• Bring in a positive tobacco licensing scheme and make it illegal for children to sell cigarettes.
• Make indoor premium gaming rooms smoke-free, remove designated outdoor smoking areas at licensed venues and ban cigarette vending machines.
• Require annual State Government reports on all tobacco law breaches.

Food law and policy reforms
• Strengthen laws so more fast food outlets show the kilojoule content on their menus, including cinemas, service stations, convenience supermarkets and healthcare facilities. Consumers need to know what they’re eating.
• Support laws to prohibit television advertising and promotion of unhealthy food and drinks to children.
• Remove sugar sweetened beverages from State Government facilities like hospitals, workplaces and institutions, and replace with healthier choices.

Planning and transport law and policy reforms
• Make the ‘health and wellbeing’ of people a priority in our planning laws, including connecting pathways to make walking and cycling easier, reducing speed limits, prioritising pedestrian signals and dis-incentivising car use.
• Legislate to reduce speed limits in built-up neighbourhood areas by 10 km per hour to protect vulnerable road users (pedestrians and cyclists).
• Ensure learner drivers and provisional licensees have more questions on pedestrians and cyclists in their tests, to assist cultural change and protect vulnerable road users.
Problem
Not enough Queenslanders are being physically active for a health benefit. Physical inactivity is associated with obesity and costs Australia an estimated $1.8 billion a year in healthcare costs, one quarter of which is due to coronary heart disease.

Solution
Invest more in creating walking and cycling friendly communities that support people to actively travel (walk, cycle or use public transport). Currently 2% of the state transport budget is allocated to active travel, which is inadequate. It needs to be increased to 5%.

Active travel is a cost-effective way of increasing people’s physical activity and improving their heart health. If you actively travel, you don’t need to find extra time to exercise. People who use public transport walk at least 30 minutes more a day than people who travel in cars.

Cycle Network Local Government Grants Program
To help people shift from car use to active travel, we strongly recommend doubling investment in the Cycle Network Local Government Grants Program from $162m to $324 over 4 years. This will incentivise councils to apply for state matched funding for projects if the area has a Principal Cycle Network Plan, or to establish one if they don’t.

Transport Infrastructure Development Scheme
We strongly recommend an additional $10m be dedicated to active transport infrastructure within the Transport Infrastructure Development Scheme (TIDS), so that roads don’t consume the entire budget.

Travel behaviour change programs
Travel behaviour change programs encourage people to use active travel infrastructure effectively once it’s built and should be linked to infrastructure funding. The programs should include properly funded mass media and social marketing campaigns. If more people change car trips to active travel, we will see real improvements in health, congestion and pollution.

Connect safe bikeways in Brisbane CBD
Brisbane’s CBD needs integrated and connected bikeways that are separated from traffic. We need ‘space for cycling’ to reduce congestion and improve people’s health. This has strong support from bicycle, health and road user groups.

Queensland Walking Strategy
Walking needs a higher priority with a funded Queensland Walking Strategy. The potential to increase people’s physical activity through walking is enormous, especially through active transport.

Scheme to better use end-of-trip facilities
Better use of existing bike lockers at train stations will increase people’s use of these end-of-trip facilities for active travel. Lockers are currently provided free to a limited number of people who may use them as long term storage. To incentivise short term use, lockers could be free for 24 hours to more users, with longer use incurring a charge.

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