5 opportunities to make NSW #1 in heart health
Create healthy built environments with active travel options

The Heart Foundation is seeking your commitment to:

→ Ensure new infrastructure and urban renewal projects in NSW are world leading models of how active travel and active living can be incorporated into planning decisions to encourage more people to walk, cycle and take public transport as part of their daily activities.

→ Continue resourcing the Premier’s Council for Active Living (PCAL) to enable cross government and NGO support to identify practical solutions in urban planning, design and public transport to address the epidemic of physical inactivity in NSW.

The opportunity:
NSW infrastructure and renewal programs

The current government has committed NSW to an extensive program of urban and regional infrastructure building and renewal. This is an invaluable opportunity to build an environment for the future which makes physical activity for transport, recreation and health an easy choice for everybody to access every day. Just as public sanitation and clean water created healthy built environments which reduced the killer epidemics of infectious diseases of the 19th century, healthy built environments which promote walking, cycling and active living will help tackle the killer epidemics of physical inactivity and obesity in the 21st century.

Liveable built environments are not just good for health, they are also good for the economy. Urban planning which promotes walking, cycling and active travel creates neighbourhoods where people want to live and ‘sticky streets’ where people like to be. This improves property values and boosts local business takings.

Over the past 10 years the Premier’s Council for Active Living (PCAL) has fostered knowledge-sharing between key stakeholders in transport, planning and health. This expertise is recognised internationally and it continues to play an important role in promoting effective, health promoting solutions for the planning challenges which lay ahead.

This is important because

• Physical inactivity and obesity are both significant risk factors for cardiovascular disease.

• 1 in 6 people in NSW is affected by cardiovascular disease.

• There is a death every 35 minutes in NSW from cardiovascular disease.

• 26% of people in NSW are obese – 1.26 million people – and a further 35% are overweight – 1.66 million people.

• 37% of people in NSW get little or no exercise.

• In 1971 50% of children walked to/from school. By 2003 this had declined to 33%.
Why I care about this issue…

Dr Ben Ewald, General Practitioner

I see many patients who would like to be more active but have little time between their sedentary jobs and their family responsibilities. Some would like to commute by bike but tell me they don’t feel safe on the road. The fear of injury from motor vehicles is real and present, while the risk of heart disease or diabetes is more distant.

I use a bike for most of my urban transport but I’m lucky in that I have access to quiet back streets for most trips. Building a network of safe cycleways across Newcastle and Lake Macquarie would open up this option to everyone.
Make NSW smoke-free

The Heart Foundation is seeking your commitment to:

→ Regulate the sale and promotion of e-cigarettes to **protect children** and protect the community from exposure to e-cigarette vapours

→ Address loopholes in current tobacco legislation that allows tobacco vending machines and smoking in partially enclosed areas of licenced premises.

**The opportunity: Review of NSW Public Health (Tobacco) Act**

Electronic cigarettes (e-cigarettes) are the latest fad in smoking, with sales growing at an alarming rate. This trend began in Britain, Europe and the United States and is now spreading to Australia. Currently these new products are not covered by the existing NSW smoking laws. This means they can be sold and marketed to children and they can be used in places where use of tobacco products have been banned, such as workplaces, restaurants, buses, trains and planes.

There are significant concerns about the unregulated availability of e-cigarettes because they may contain nicotine which puts children at risk of nicotine addiction and exposes non-smokers to nicotine vapour. There is also a public health risk that after years of successful quit campaigns e-cigarettes could increase the uptake of tobacco use by children and attract people who’ve already quit back to smoking.

The NSW Public Health (Tobacco) Act 2008, is currently being reviewed so this is the time to amend the legislation to protect children and the community from exposure to this new smoking device. This review is also an opportune time to address outstanding problems with the current legislation. In particular the definition of an “enclosed public place” in the NSW Smoke-free Environment Act needs to be improved to remove smoking from licenced areas such as verandahs, where smoking continues to be allowed.

The Heart Foundation has also long argued that tobacco vending machines in licensed premises should be banned. Vending machines undermine efforts of people to stay tobacco free with people more likely to impulsively purchase cigarettes, relapse from a quit attempt or commence smoking while under the influence of alcohol.

This is important because

- E-cigarettes are a new and rapidly growing market in NSW.
- E-cigarettes containing nicotine are readily available for sale in NSW even though this is not legal under the NSW Poisons and Therapeutic Goods Act.
- E-cigarettes are being bought and used by children and are being used in places (such as hospitals) where smoking is not allowed.
- Under current NSW laws it is legal to sell and market e-cigarettes to children – e-cigarettes are not covered by the sales to minors clauses in the NSW Public Health (Tobacco) Act.
- Under current NSW laws it is legal to use e-cigarettes on buses, trains, in hospitals and other places where tobacco use is banned – e-cigarettes are not covered by the NSW Smoke-Free Environment Act.
Why I care about this issue…

Deborah Moore, mother of two

I’m concerned e-cigarettes are going to get the next generation hooked on smoking, and we’re not doing anything about it. I worry that my children will be offered an e-cigarette and use it, believing somehow they are healthier because they are promoted as being “not a cigarette”. It makes me furious that these devices have been designed to replicate the exact thing we have been trying to get out of our kids lives. There is no way for my kids or me to know what makes up the vapour they are inhaling from e-cigarettes. I’ve read that some are full of nicotine and other chemicals, so I worry that children could get addicted to nicotine by using them.

I find it difficult to understand that the old cigarette-shaped lollies (“FAGS”) are not able to be sold by retailers but there’s nothing stopping them from selling kids lolly-flavoured e-cigarettes. Where’s the sense in that?
3 Improve care for heart attack survivors and those living with heart disease

The Heart Foundation is seeking your commitment to:

→ Embed referral to cardiac rehabilitation (CR) as a standard component of care in patient discharge from hospital.
→ Establish a state wide minimum data set of quality performance measures for cardiac rehabilitation in order to monitor performance and instil quality improvement measures and incentives.
→ Direct the Bureau of Health Information to report annually on Local Health District performance with respect to cardiac rehabilitation.

The opportunity: Integrated Care Strategy 2014-2017

The benefits of cardiac rehabilitation (CR) are well known. Research shows that CR leads to improved clinical outcomes, reduction in behavioural risk factors, reduced hospital admissions, strengthens compliance with medication and enhances overall quality of life. However with estimated attendance rates ranging from 10-30%, the benefits of CR are not being realised. We need to make CR attendance a critical step in any patient’s recovery from a heart attack or heart surgery. To ensure this happens we need to put in place measures that will allow us to track improvements in CR attendance and provision over time.

The NSW Ministry of Health has committed substantial funding to an Integrated Care strategy with the aim of improving patient care across its services through better co-ordination, data management and feedback systems. This includes the state-wide roll out of a fully linked-up electronic health record (HealtheNet) to create a single picture of patient information across Local Health Districts.

As a first step to improving patients’ use of CR services, there is an urgent need to better understand how these services are currently accessed and used in hospitals across NSW. A commitment to collecting data on referrals to cardiac rehabilitation and patient attendance, combined with timely analysis and feedback to hospitals, will help to improve care for patients who have had a cardiac event, such as a heart attack.

This is important because

• Around 34% of heart attacks and other Acute Coronary Syndrome (ACS) events are repeat events
• Attendance at cardiac rehabilitation can reduce hospital readmissions up to 56%
• The total financial cost of ACS in Australia is about $5.1 billion – repeat events account for approximately one third of this cost.
• The direct cost of repeat ACS events is estimated to be $613 million
• The UK estimated that achieving delivery of cardiac rehabilitation services to 65% of patients admitted to hospital for cardiac events could reduce emergency readmissions by 10% in 12 months with a potential saving of £30 million.
• NSW currently lacks a state-wide reporting system on patient referral, attendance and completion of cardiac rehabilitation programs.
Why I care about this issue...

Bob Cameron, heart attack survivor

I spent 42 years doing everything I could to avoid a heart attack after my father died of one aged just 53 years. My own heart attack finally struck while I was jogging round a local football field last year. Three days after having a stent procedure, I was discharged with a leaflet urging me to sign up for the cardiac rehabilitation program at Prince of Wales Hospital. I duly joined and it was one of the best decisions of my life. The 12 week course works wonders for confidence, fitness and – best of all – fills you with hope, something I had been missing in my 42 years of preparation.
Deliver best practice cardiac care for Aboriginal people in NSW

The Heart Foundation is seeking your commitment to:

→ Establish a model of care for people diagnosed with Acute Rheumatic Fever and Rheumatic Heart Disease in NSW so that a robust diagnosis, treatment and follow up process delivers best practice care to those patients.

→ Increase workforce training and funding of Aboriginal Cardiac Care Co-ordinators in major NSW hospitals, to improve access, support and care of Aboriginal people admitted to cardiac care units for treatment.

The opportunity: AHMAC’s Better Cardiac Care for Aboriginal People 2014

NSW has shown strong national leadership to improve the heart health of Aboriginal and Torres Strait Islander people. In February 2014 the NSW Minister for Health hosted the Better Cardiac Care for Aboriginal People Forum for the Australian Health Ministers’ Advisory Council (AHMAC), which was the culmination of 18 months consultation with key stakeholders across the country. A national report was produced and since that time the NSW Ministry of Health has developed its own implementation plan to advance key recommendations in NSW.

Australia has one of the highest rheumatic heart disease (RHD) rates in the world, and this is predominately amongst Aboriginal and Torres Strait Islander people. Better management of the care for all Aboriginal and Torres Strait Islander people suspected of acute rheumatic fever (ARF) or rheumatic heart disease (RHD) was a key recommendation of the AHMAC report with the view that each State should set up its own ARF/RHD register which could convert to a national register over time. Queensland, Northern Territory, South Australia and Western Australia already have registers in place. The Heart Foundation believes it is a matter of priority that a NSW register also be created.

The continuing gap in use of cardiac treatments and procedures between Aboriginal and non-Aboriginal cardiac patients also warrants urgent attention. Providing a trained Aboriginal workforce of cardiac care co-ordinators who can co-ordinate and facilitate access to best practice care for Aboriginal patients across health services, from pre-admission to cardiac rehabilitation and ongoing care, will help to shorten the gap and create better health.

This is important because

• The rates of death and chronic disease continue to be higher amongst Aboriginal and Torres Strait Islander people compared to non-Aboriginal people. Cardiovascular disease accounts for over a quarter of the increased mortality in Aboriginal and Torres Strait Islander people.

• It has been estimated that Aboriginal and Torres Strait Islander people could gain 6.5 years of life if deaths from cardiovascular disease were lowered to that of the non-Aboriginal population.

• Aboriginal people continue to receive fewer life saving cardiac procedures compared to non-Aboriginal people – revascularisation rates are 40% lower, percutaneous coronary intervention is 50% lower, and bypass surgery is 10% lower.

• In NSW latest figures on revascularisation procedures in hospital show differences in care – 20% for Aboriginal people compared with 28% for non-Aboriginal people. There is also significant variation in care across different Local Health Districts.

• Early hospital discharge rates amongst Aboriginal people in NSW continue to be a problem, with rates of 2.4% for Aboriginal people compared to 0.6% for non-Aboriginal people respectively.
Why I care about this issue…

Vicki Wade, Cultural lead, National Heart Foundation

I come from a strong Aboriginal family where the women were healers. My Nan Lily helped women on the mission at Gnowangerup, and my mother was one of the first Aboriginal women to become an enrolled nurse in rural south west Perth. I did my nursing training in 1976 and have seen great improvements in the survival rates for people with heart disease. But this isn’t always the case for Aboriginal people.

It is up to us to change the future for our coolingars – our babies and grandchildren. I have four children and five grandchildren and for their sake, I hope we can close the gap. We know what to do to give Aboriginal people better cardiac care – we just need to do it.
Increase collaboration and translation of cardiovascular research into clinical practice in NSW

The Heart Foundation is seeking your commitment to:

→ Resource the NSW Cardiovascular Research Network (CVRN) to continue to foster collaboration between NSW cardiovascular researchers and clinicians in order to attract new research funding to NSW and help translate research into clinical practice
→ Increase funding to support Rising Star Cardiovascular Research Leaders to ensure future research excellence in NSW

The opportunity: The NSW Cardiovascular Research Network (CVRN)

The NSW Cardiovascular Research Network is the first of its kind in Australia, bringing together multi-disciplinary researchers and clinicians from universities, research organisations, hospitals and institutions to work collaboratively to build research opportunities for improving cardiovascular care in NSW. It is unique in its multi-disciplinary and cross-institutional membership, and its broad approach to cardiovascular disease which addresses the broad range of heart and vascular medical conditions, including heart disease, diabetes, stroke and renal disease.

CVRN is jointly funded by the Heart Foundation and the NSW Ministry of Health. Since its inception in 2005 it has leveraged its base funding to attract over $4million of additional research funding for NSW researchers. Committing to funding on a 3 year cycle will allow the CVRN to plan more effectively to take advantage of national and international funding cycles. An increased emphasis on Rising Star Cardiovascular Research Leaders will ensure that NSW nurtures its medical research future.

This is important because

• 1.2 million people in NSW are living with cardiovascular disease.
• The success of cardiovascular research can be seen in the dramatic decrease in deaths and disability from heart disease over the last 10 years. The number of people dying from heart attacks in NSW fell by 33% between 2003 and 2012
• There has been little improvement in regard to some heart conditions however. The number of people dying from heart failure increased 33% between 2003 and 2012
• Research has contributed to more effective prevention, more timely diagnosis and treatment and better after-care to prevent further illness and disability.
Why I care about this issue...

Dr James Chong, cardiologist and researcher

NSW institutions are performing world class research in the biomedical basic, epidemiological and clinical sciences, particularly in cardiovascular research. Nevertheless, we need to nurture the talent within our state to realize its full potential and ensure that we don't lose valuable researchers overseas. As an early career researcher I know how difficult it is to get funding to allow me to keep working here in NSW. I have been fortunate to be supported by the NSW Cardiovascular Research Network (CVRN) which is doing an impressive job within this space but it requires more funding to continue this important work.

Support for early and mid-career researchers is important because it allows us to generate the preliminary data we need to increase the likelihood of success when we apply for the large long-term research grants which support clinical research groups. These are the groups which will ultimately find solutions to the difficult clinical problems in cardiovascular treatment, which require consistent research focus over the long term.

State government support for such initiatives is more important than ever. The success rate for federally funded support (from NHMRC and ARC) has declined from 23% to 14.9% over the past 5 years and it is increasingly difficult for early career researchers to compete with established researchers as the pool of available grants shrinks.
For heart health information
1300 36 27 87
heartfoundation.org.au

New South Wales
Sydney
Level 3, 80 William Street
East Sydney NSW 2011
Tel: (02) 9219 2444

Newcastle
32 Brunker Road
Broadmeadow NSW 2289
Tel: (02) 4922 1546

Illawarra
Kiama Hospital and
Community Health Service
Bonaire Street
Kiama NSW 2533
Tel: (02) 4320 0130

Tamworth
Suite 9, First Floor
468-472 Peel Street
Tamworth NSW 2340
Tel: (02) 6766 9471
or (02) 6766 1394

For further information about the Heart Foundation’s advocacy priorities please contact:
Wendy Oakes
Senior Policy and Advocacy Manager
Tel: (02) 9219 2444
Email: wendy.oakes@heartfoundation.org.au